

ASS. REQ. BY: Steve

REF: CSS/CT/20010293/ET f3 -1

ASSIGNMENT

From: PRS Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
AX	AX

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Veh No: SLP 24210 Yr Regn: 10/10/12
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: BMW 116i C.C. 1598
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 151591 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WBA1A12020W23654
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brakes: In order / Jammed / Leaked / Burnt or
Modl: N11 / S/R1m / STD A/R1m or
Tyre Size: F: 195/50R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / OKO or _____
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 24/9/20 D.O.I. 25/9/20
Survey held at JCM Rental
Des. of Damages: Frnt / Rear / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-38K</u> <u>Repair range 15K-16K</u>
	<u>19 days</u>
	<u>LUMP SUM \$7850,9DAYS</u>
	<u>RED: 1040;11%</u>

Date/Time, File Pass to? ☐ : Prell. Report
☐ : Final Report

Days Of Repair: 9
Resurvey No. of Trip: _____

Date/Time, File Return to?
2) _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Fines	
Others	
TOTAL	

Pop. Form: _____
Lump Sum / L.B. / C: _____