

ASS. REC. BY: Steve

CS3/ASM21005848/K

ASSIGNMENT

From: PRS

Date: _____

Estimated Cost: _____

OD: TP/WS/TP RES/OD RES/EVA/INV/LMV

To Inspect Vehicle No: _____

at Workshop m/s _____

at _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

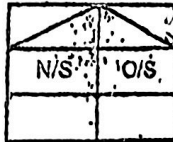
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: _____

55K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Cum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: GB45677TYr Regn: 25/1/18

Type: M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: NISSAN NV350c.c. 2488Colour: SLK

A/C: Insured / Std / NI / N

Sp. Reading: 159730

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: JN1MC1E 962 9008615Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: NII / S/Rim / STD A/Rim orTyre Size: F: 195R15CR: 1

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or 3

Front

Rear

R/Bal. 4

mm

R/Bal. 4

mm

L/Bal. 4

mm

L/Bal. 4

mm

D.O.A. 7/5/21D.O.I. 27/5/21Survey held at Kok Wang12:00pmDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop orFRM

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

AKV-55Krepair corp 2-3K4 rep dys

SUBMIT PRS REPORT

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (%)



: Weekend (%)

\$ + RS \$

Phone

Others

TOTAL

Remarks:

Date/Time, File, Pass to?