ASS. REC. BY: Steve REF: CS3/CT120007035/Evf3

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

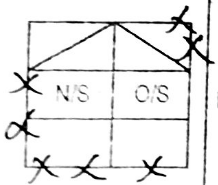
Claims No

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)



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

Bal. or Market Value

IDAC Accident Rport: 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

Vehicle IN / OUT

Date: Person Contacted:

Veh No: SMM 6938H Yr Regn: 10/7/19

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

Make: Honda Fit Hybrid c.c 1496

Colour: Gry A/C: Insured / Std / NI / NA

Sp.Reading: 76402 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP5 1339177

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / (S.Rim) / STD A/Rim or

Tyre Size: F: 185/60R15

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front			Rear		
R/Bal.	4	mm	R/Bal.	4	mm
L/Bal	4	mm	L/Bal.	4	mm
D.O.A.	23/6/20		D.O.I.	7/7/20	

Survey held at: My car consultant

Des. of Damages: Frt / (Rear) / O/S / (N/S) / U/C / Rooftop or & Front RH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time | Action / Instruction

MV - 70,000 No Estimate
PV - 38,637
NV - 31,363

Date/Time, File Pass to?

1)

[ ] : Preli. Report

[ ] : Final Report

Days Of Repair: 30

Resurvey No. of Trip:

Date/Time, File Return to?

2) 14/7/20-Typist

Add Fee: [ ] Site Insp ($) [ ] Interview ($) [ ] Tech. Inve ($) [ ] Weekend ($)

Survey Fee:

Transportation

S + PS __ SI

Photos

Others

Report Format: PRS

Lump Sum / LD Ref: