

ASSIGNED BY

Tayfun

CS3 / ASM 21006090/TTC

## ASSIGNMENT

From:

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
X	

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:

SON 9982P

Vt Regn:

9/3/2009

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

Truck / Trailer or

Make:

Toyota A/Hs 1598

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

303621

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MR053 ZEE 106141560

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

195/65 R15

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

TOYO / YOKO or

Newton

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

24/5/2009 3pm

Survey held at

Garage 13

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Repair Range: \$4,000 - \$5,000 / 6 days  
w/s will pass GIA

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

TP PRS

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech. Insp (\$  
☐ : Other (\$

Survey Fee:

Transportation

3 + RC \$

Photos

Other:

Report Form:

Lump Sum / U/S