ASS. REC. BY: Steve | REF: CS3/CT12900 8358/Evf3 -1

PRS

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: XE 4219A

Policy No. DMCVSNA00053072002

Claims No. SNM20D202815/C02/XE4219A/TANKW

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

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: SK2 49T Yr Regn: /2015

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

Make: Porsche c.c 1984

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

Sp.Reading 72249 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WP1ZZZ95ZFLB12872

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorde / Jammed / Leaked / Burnt or

Brake: Inorde / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 275/35ZR21

R: 315/30ZR21

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	11/8/20	D.O.I.	13/8/20

Survey held at Precise Auto

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

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

Date / Time	Action / Instruction
	No GIA report
27/5/21	Submit LS $5000, 5 days

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

1) : Final Report

Date/Time, File Return to?

2) 27/5/21-Typist

Report Format : TP

Lump Sum / UPI: ( )

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:	
Transportation:	
$ + RS $	
Photos	
Others	
TOTAL	