

ASS. REC. BY: Steve CS3/ASM2190 6216/EVC

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: SHA 3745P
Policy No. _____
Claims No. S1M03AMJ
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: FBR 589A Yr Regn: 20/2/20
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Yamaha CZ0300A c.c. 292
Colour: Silver A/C: Insured / Std / Nil / N
Sp. Reading: 14786 T/Radio: Insured / Std / Nil / N
Eng/No: _____
C/No: MH3SH9848 KK 90-7984
Gen. Cond: Good / Fair / Poor / Buzpt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / SRim / STD A/Rim or
Tyre Size: F: 120/70-15
R: 140/70-14
BS (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 12/5/21 D.O.L. 4/6/21
Survey held at M1 Motoring
Des. of Damages: Frl / Rear / O/S / (N/S) / UIC / Roof/Top or

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

Date / Time	Action / Instruction
	<u>AAV-16K</u> <u>Repair range 3K-4K</u> <u>4 repair days</u>
<u>4/6/21</u>	<u>Submit PRS - Repair range \$3000-\$4000</u>

Time/Time, File, Pass list. ☐ : Prel. Report ☐ : Final Report

Time/Time, File Return list

4/6/21-Typist

4/6/21-PR

4/6/21-PR

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS (\$ _____)

☐ : Interview (\$ _____) ☐ : Photo

☐ : Tech. Inve (\$ _____) ☐ : Others

☐ : Weekend (\$ _____) ☐ : TOTAL