

ASS. REC. BY:

Steve

CS/LPC 21006224/E43

## ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

OD / TR / WS / TPRES / OD-RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

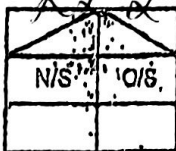
Excess:

(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 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GRE 7772J

Yr Regn:

29/3/16

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

Truck / Trailer or

Make:

Toyota Dyna

c.2 2982

Colour:

Silver

A/C: Insured / Std / NI / N

Sp. Reading

147988

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

JTFAT35-489K226111

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

P:

106/104R

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

21/5/21

D.O.A.

31/5/21

Survey held at

Gold Autoworks

Des. of Damages: (Frt) / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time

Action / Instruction

MV-SOK

submit PRS REPORT

Date/Time, File, Pass to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Phone

Others

TOTAL

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Inve

(\$



: Weekend

(\$

Prepared by:

TP PRS

Date/Time, File, Pass to?