

612
PRS

CS3/LPC21000513/Gqf3-1

9

ASSIGNMENT

02024)

Estimated Cost
1/TP/WS/TP RES/OD RES/EVA/INV/MV

Inspect Vehicle No.
Workshop m/s garage 13

Insurance No. 20/21/21/VP05/024115

Insured Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value: \$21K.

JAC: Accident Report Consistent? Yes or No

SA / PR Seen. Consistent? Yes or No

1st Repairs 3 5 days Res: Yes or No

Sum Sum. % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted

Vehicle: IN / OUT

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

Truck/Trailer or

Make Toyota Vios cc 1497

Colour Blue A/C Insured/Std/NI/NA

Sp Reading 230662 T/Radio: Insured/Std/NI/NA

Eng/No

C/No: MR 05344 9305131182

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: 205/45ZR16

R: 11

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

TOYO/YOKO or Taurador

Front

R/Bal 6 mm R/Bal 6 mm

L/Bal 6 mm L/Bal 6 mm

D.O.A. D.O.I. 12-01-21

Survey held at w/s 12-01-21

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
\$ 3000 - \$ 4000
Cot: 10651

13/01/21 Submit PRS.

10/06/21 Submit LS \$1300, 3 days (Red \$700, 35%)

Date/Time: File Pass to

☐: Preli. Report
☐: Final Report

10/06 Typist

Date/Time: File Return to

Days Of Repair: 3

Resurvey No. of Trip:

Adm Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Final Insp (\$

Survey Fee:

Transportation

Site Fee (\$

Phone

Station

TP

1300