

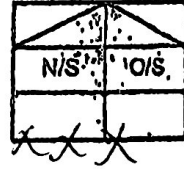
ASS. REC. BY: Steve T CS3/LPC 21006424/EVf3

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: XE 1865D
Policy No. _____
Claims No. 20/21/21/VC06/024615
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SLC 3430P Yr Regn: 10/5/16
Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota / Landcruiser c.c. 1986
Colour: Pink A/C: Insured / Std / Nil / N
Sp. Reading: 49211 T/Radio: Insured / Std / Nil / N
Eng/No: _____
C/No: 254 6000774875
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: F: 22 255/45R19
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Falken
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 1/6/21 D.O.I. 7/6/21
Survey held at SK Group
Des. of Damages: Frt / (Rear) / O/S / N/S / UIC / Rooftop or
The UIC / Chassis frame / Body Structure affected due to collision

(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



Date / Time	Action / Instruction
	<u>MV-80K</u>
8/6/21	Submit PRS

Time/Date, File, Pass to: ☐ : Prel. Report
☐ : Final Report

Days Of Repair: 5
Resurvey No. of Trip: _____

Time/Date, File Return to:
8/6/21-Typist

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS, SI	
Private	
Others	
TOTAL	

Approved: PRS
Signature / Date: _____