

ASS. REC. BY:

Steve 7 CS3/GR2100 7506/ETF3

## ASSIGNMENT

14 Nov 2019

From: PRS

Date:

Estimated Cost:

OD/TP/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.

Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seat:

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:

FR2 6474M

Yr Regn:

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

Truck / Trailer or

Make:

Yamaha N-MAX

c.c. 155

Colour:

Blue

A/C: Insured / Std / NI / N

Sp. Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

N/A

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:

190/80-14

R:

190/80-14

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

TOYO / YOKO or

MAXXIS

Front

Rear

R/Bal.

S mm

R/Bal.

S mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

18/6/21

D.O.A.

13/7/21

Survey held at

3 Points EMPAR

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

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

Date / Time

Action / Instruction

NIV-

No. GIA report

SUBMIT PRS REPORT

Time/Time, File, Pass info.



: Prel. Report



: Final Report

Time/Time, File Return to?

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation

S + RS + SI

Phone

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Weekend (\$

Time/Time, File Return to?

Time/Time, File Return to?