

ASS. REC. BY:

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

MFL2021D0003562

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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SM242367

Yr Regn: 21/05/2019

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

Truck / Trailer or

Make:

Toyota Sienna

c.c

1496

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

10/360

T/Radio: Insured / Std / NI / NA

Eng/No:

NHP1707159906

C/No:

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:

185 / 60 R15

R:

11

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

TOYO / YOKO or

FIRENZA

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

23-08-21

Survey held at

w/s

11:30pm

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

\$7000 - \$8000

GIA Give later

27/08/21 Submit PRS.

Date/Time, File Pass to?

☐

Preli. Report

1) 27/08 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Misc. Insp (\$

Survey Fee:

Transportation:

3 + RS SI

Photos

Others

TOTAL

Report Format:

MER-PRS

Report Form / MFL