

ASS. REQ. BY:

Steve

REF

CS/MSG 21009171/ETf3

## ASSIGNMENT

From:

PRS

Date:

Veh No:

F4 72324

Yr Regn:

214/P2

Estimated Cost:

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

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

To Inspect Vehicle Not:

at Workshop m/s

Insured:

Policy No.

Claims No.

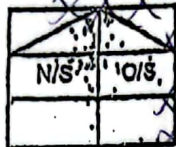
Sum Insured:

(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 Sent:

Consistent? : Yes or No

Est. Repair:

days

Res.:

Yes or No

Cum Sum:

%

3 Val.:

Yes or No

QA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Truck / Trailer or

Make:

Yamaha RXZ

C.B.

133

Colour:

Blue

A/O:

Insured / Std / NI / N

Sp. Reading

60509

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

2MC 264778

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F: 2.50-18

R:

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

TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

L/Bal.

mm

U/Bal.

D.O.A.

29/8/21

Survey held at

3 points Enterprise

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

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

Date / Time

Action / Instruction

MV- \$ 1200

repair range 2K - 3K

3 repair days

SUBMIT PRS REPORT

Date/Time, File, Poss loc.

☐ : Prel. Report  
☐ : Final Report

Days Of Repair:

3

Resurvey No. of Trips:

Add Fee:

☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech. Inve (\$  
☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$1

Private

Others

TOTAL

Date/Time, File, Poss loc.

Date/Time, File, Poss loc.