

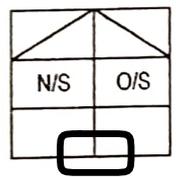
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s ALPHA CAR SERVICES
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBG6463Y Yr Regn: 27 Sep/2017
 Type: M.Car / M.Cycle / Bus / Van Lorry Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NISSAN CABSTAR 3.0 c.c 2953
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp.Reading: 70061 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JN1SC2F24Z0860223 *
 Gen. Cond: Good Fair / Poor / Burnt
 Steering: Inorder Jammed / Leaked / Burnt or
 Brake: Inorder Jammed / Leaked / Burnt or
 Modi: Nil /Rim / STD A/Rim or
 Tyre Size: F: 195R15
 R: 155R13

(Policy Condition)



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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or APLUS

Bal. or Market Value: \$49k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 07-09-2021
 Survey held at _____ W/S 4PM
 Des. of Damages: Frt / Rea / 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
SUMIT PRS REPORT	

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) _____
 Report Filed at _____
 Long Code/MP/ID _____

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

Survey Fee:	
Transportation:	
_____ 3 + RS _____ SI	
Photos	
Other:	
TOTAL	