

ASS. REC. BY:

Steele

REF:

CS 3/INC 20011978/Eg f3-1

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☐ WS ☐ IP RES ☐ OD RES ☐ EVA ☐ INV ☐ MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No. MT/1107914-001

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No

FBQ 48328

Yr Regn: 15/10/19

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

Truck / Trailer or

Make:

Yamaha MX King

c.c 150

Colour

Blue

A/C: Insured / Std / Nil

Sp Reading

25490

T/Radio: Insured / Std / Nil

Eng/No:

C/No:

NIHJUGOTSOKK029778

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

70/80-17

R:

80/90-17

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

n

L/Bal.

mm

L/Bal.

mm

n

D.O.A.

23/10/20

D.O.A.

3/11/20

Survey held at

Garage 13

Des. of Damages

☒ Frt

/ 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-9K

Submit PRS

29/09/21 Submit LS \$2700, 5 days (Original LS \$2800, 51%)

Date/Time, File Pass to?



: Prell. Report

29/09 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Pop. Formed:

TP

Lump Sum / Fee: 2700