

ASS. REC. BY: Tan Jih

REF: CS3/CT121010348/TIEYS

**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. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	N/S	<input type="checkbox"/>	O/S
<input type="checkbox"/>		<input type="checkbox"/>	

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: YN66134 Yr Regn: 20 Oct 2014

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

Truck / Trailer or \_\_\_\_\_

Make: Isuzu c.c 5193

Colour White A/C: Insured / Std / NI / NA

Sp. Reading 256427 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JALFRPS07E700321

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modl: NI / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 225/90RT7.5

R: u n (17)

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

TOYO / YOKO or \_\_\_\_\_

Front Rear

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. \_\_\_\_\_ D.O.I. 11/10/210245

Survey held at Speedwerkz

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
	No GIA. Repair Range: \$4000 - \$6000, 6 days.

**SUBMIT PRS REPORT**

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / L.S.H. (F) \_\_\_\_\_

Days Of Repair: 6  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : W&S and (F) \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_