

ASS. REC. BY: Steve CS3/LPC 21006424/EF3-1

ASSIGNMENT

From: PRS

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: XE 1865D

Policy No. _____

Claims No. 20/21/21/VC06/024615

Sum Insured: _____

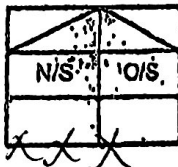
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

days

Res.: Yes or No

Sum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC 3430P

Yr Regn: 10/5/16

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

Truck / Trailer or

Make: Toyota

Colour: Pink

Sp. Reading: 49211

Eng/No: _____

C/No: 254 6000774875

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ Burnt

Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: 22 255/45R19

R: _____

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 1/6/21

D.O.I. 7/6/21

Survey held at SK Group

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

8/6/21 Submit PRS

21/10/21 Submit LS \$5300 (Red 1600, 23%)

File/Time, File, Pass to



Prell. Report



Final Report

File/Time, File Return to

21/10/21-typist

TP

TP

LS \$5300

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Private

Others

TOTAL