ASS. REC. BY: GQ PRS

REF: CS3/GRB21010730/Gvf3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s 833 MOTORSPORTS

of

Insured: SMP 8086L

Policy No. D21MFL0000447

Claims No. MFL202D0004602

Sum Insured: Excess:

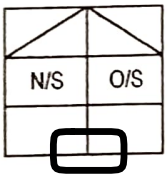
(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S



Bal. or Market Value: $83k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBK9499D Yr Regn: 29 Jan/ 2021

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

Make: TOYOTA HIACE c.c 2982

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

Sp.Reading 29819 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P200251422 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/R15

R: 195/R15

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	16/10/21	D.O.I.	25-10-2021

Survey held at W/S 5PM

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
27/10/21	Submit PRS

Date/Time, File Pass to?

1) : Preli. Report

: Final Report

Date/Time, File Return to?

2) 27/10/21-typist

Report Format :

Lump Sum / LBJ : 0

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation:

__S + RS.__SI

Photos

Others

TOTAL