ASS. REC. BY:	GQ	REF:	AXA

PRS

ASSIGNMENT CS3/ASM21010836/Gty3

From:	Date:	Veh No:	GBE293X Yr Regn: 18 Aug 2015

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make: FIAT DOBLO CARGO MAXI 1.6 c.c 1598

at Workshop m/s **PAUL HOE BATTERIES & MOTOR**

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

of

Sp.Reading 183462 **T/Radio:** Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: ZFA26300006A71159 *

Claims No.

Gen. Cond **Good** / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: **Inorder** / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: **Inorder** / Jammed / Leaked / Burnt or _____

Make of Veh:

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

Tyre Size: F: 195/60R16

(Policy Condition)

R: 195/60R16
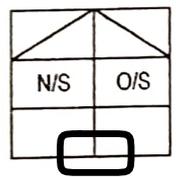
Remark: The veh had commenced its repair at the time of inspection.

	N/S	O/S

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

TOYO / YOKO or **RADAR**

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

Bal. or Market Value: $31k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Survey held at _____ W/S 4PM

Est. Repairs: 5 days Res.: Yes or No

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

Des. of Damages : Frt / **Rear** / O/S / N/S / U/C / Rooftop or _____

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

The U/C / Chassis frame / **Body Structure** affected due to collision.

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
	Total Rebate Amount $13,989
	$3000 - $4000
	repair range 4000 - 5000
	SUBMIT PRS REPORT

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

Days Of Repair: 5

1) _____ ☐ : Final Report

Date/Time, File Return to?

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

2) _____

Add Fee: ☐ : Site Insp ($ _____) __S + RS.__ SI

☐ : Interview ($ _____) Photos

☐ : Tech. Invs ($ _____) Other

☐ : Weekend ($ _____) TOTAL