

ASS. REC. BY:

REF:

CSS/CTI 21011844 Tiley's

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MIV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

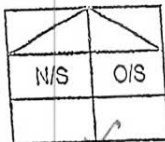
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 996K

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:

SM Z 4143D

Yr Regn: 2021, April

Type: M/Gar / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Vezel

c.c 1496

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

12022

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

R411 330562

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

-

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.

D.O.I.

22/6/21

Survey held at

Apex Motors

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or

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

Date / Time Action / Instruction

Repair Range: \$5000 - \$6000, 6-7 days.

SUBMIT PRS REPORT

Date/Time, File Pass to?



: Prel. Report

1)

Date/Time, File Return to?



: Final Report

2)

Rep. Format:

Lump Sum / L.S. (\$

Days of Repair: 7

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$