

ASS. REC. BY:

REF:

CS3/ASM 210/2552/T143

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.

Bal. or Market Value: \$113K

IDAC Accident Rpt: _____ Consistent? : Yes or No

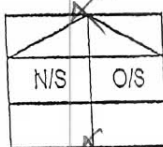
GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____



Veh No: SNC5584S Yr Regn: 2021/1 Oct.

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

Truck / Trailer or

Make: Toyota Sienta Hybrid. C.C. 1496

Colour: Maroon. A/C: Insured / Std / NI / NA

Sp. Reading: 3368 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP/70725/126

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 27

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

Front	Rear
R/Bal. 7 mm	R/Bal. 7 mm
L/Bal. 7 mm	L/Bal. 7 mm
D.O.A.	D.O.I. 14/12/21

Survey held at Alpha Car.

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

Repair Range: \$11,000 - \$12,000, 14 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

: Prel. Report

1)

: Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L&A (F) _____

Days Of Repair: 14

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$ _____)☐ Interview (\$ _____)☐ Tech. Invs (\$ _____)☐ Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL