

PRS

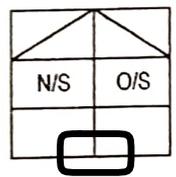
ASSIGNMENT

CS3/AIG21009988/Gtf3-1

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD  TP /  S /  TP RES /  OD RES /  EVA /  INV /  MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s HUP LAY HUAT  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SMJ4042X Yr Regn: 31 Oct/2012  
 Type  M.Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: VOLVO S60 T4 1.6 c.c. 1596  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 137363 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: YV1FS48HBD2186216 \*  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  Inorder /  Jammed /  Leaked /  Burnt or  
 Brake:  Inorder /  Jammed /  Leaked /  Burnt or  
 Modi: Nil / S/Rim / STD A/R or \_\_\_\_\_  
 Tyre Size: F: 215/50R17  
 R: 215/50R17

(Policy Condition)



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

Bal. or Market Value: \$32k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: - days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. _____		D.O.I. <u>29-09-2021</u>	

 Survey held at W/S 12:30  
 Des. of Damages: Frt /  Rea /  O/S /  N/S /  U/C /  Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> BI Involved
	Total Rebate Amount \$25,299
	<b>SUBMIT lump sum \$2200, 4DAYS</b>
	<b>RED: 3300;60%</b>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 : Wash end (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
_____ + RS. _____ SI	
Photos	
Other:	
TOTAL	

Report Filed: \_\_\_\_\_  
 Lump Sum / MPB: \_\_\_\_\_