

PRS

ASSIGNMENT

From:

Date:

Veh No:

GBF4942A

Yr Regn: 18 Nov/2016

Estimated Cost:

Type: M.Car / M.Cycle / Bus / ☒ Van / Lorry / Taxi / Prime Mover /OD ☒ TP ☒ / N/S / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make: NISSAN / NV350

c.c 2488

at Workshop m/s 3 MOTORWERKZ

Colour Silver

A/C: Insured / Std / NI / NA

of

Sp.Reading 181765

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: JN1MC2E26Z0006899 *

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

(Policy Condition)

N/S	O/S
☒	

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

Tyre Size: F: 195R15

R: //

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

TOYO / YOKO or

Bal. or Market Value: \$48k

Front

Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 6 mm

R/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 6 mm

L/Bal. 6 mm

Est. Repairs: 4 days Res.: Yes or No

D.O.A.

D.O.I. 26-04-2022

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

Survey held at W/S 4PM

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date: Person Contacted:

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

Date / Time Action / Instruction

\$4000 - \$5000

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip:

2) Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$

Survey Fee:

Transportation:

Photos

Other:

TOTAL

Report Filed:

Long Copy / MPB: