

ASS. REC. BY: Steve3
CS/ASM 99 004513/LVY3

PRS

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: SHD 5178Y

Policy No. _____

Claims No. S2M040YV

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

DAC 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBL 1219L Yr Regn: 4/9/15

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

Truck / Trailer or

Make: NISSAN NV350 c.c. 2488Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 159691 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNIMC 762 0004343

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195R15C

R: _____

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 4 mm R/Bal. 4 mmL/Bal. 4 mm L/Bal. 4 mmD.O.A. 11/5/17 D.O.I. 11/5/17Survey held at Gemini

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

Front RH

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

Date / Time	Action / Instruction
	<u>MR-30K</u> <u>Repair range 2K-3K</u> <u>5 days</u>
18/5/22	Submit PRS, repair range \$2,000-\$3,000

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 18/5/22-typist

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.F. (\$ _____)