

## ASSIGNMENT

From: PRS Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SKW 175C  
 Policy No. \_\_\_\_\_  
 Claims No. S2M042M8  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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: YR 3495 Yr Regn: 19/3/19  
 Type: M.Car / M.Cycle / Bus / Van / Copy / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mitsubishi Canter c.c. 2998  
 Colour: White A/C: Insured / Std / Nil / NA  
 Sp. Reading: 140980 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: FEB97EA 30052  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modl: Nil / S/Rim / STD / Rim 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 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 27/3/22 D.O.I. 9/6/22  
 Survey held at AAK  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front (4)

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

Date / Time	Action / Instruction
	<u>MIV-78K</u> <u>Repair range 2K-3K</u> <u>4 days</u>
<u>9/6/22</u>	<u>Submit PRS, repair range \$2,000-\$3,000</u>

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 9/6/22-typist

Report Format: \_\_\_\_\_

Lump Sum / I.B.A. (\$) \_\_\_\_\_

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Phone

Others

TOTAL
