ASS. REC. BY: Steve | CS3/PC122005558/Evg3 |

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:

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.

N/S	O/S
	XX

Bal. or Market Value:

IDAC Accident Rport: 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: SLJ5490R Yr Regn: 15/12/16

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Wish c.c 1797

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 41634 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZGE20603I909

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: In(order) / Jammed / Leaked / Burnt or

Brake: In(order) / Jammed / Leaked / Burnt or

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 195/65R15

R: 11

(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.	9/6/22	D.O.I.	13/6/22

Survey held at: Lay Auto

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

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

Date / Time	Action / Instruction
	MV- 10K Repair range 5K-6K
	10 days

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

[ ] : Prell. Report

[ ] : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech, Invs ($)

[ ] : Weekend ($)

Report Format:

Lump Sum / I.B.I: ($)

Survey Fee:	
Transportation:	
__S + RS.__SI	
Photos	
Others	
TOTAL	