

Steve

PRS

ASSIGNMENT

E

From: _____ 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

Bal. or Market Value: _____

IDAC 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FB85788 Yr Regn: 1

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

Truck / Trailer or

Make: Yamaha Exciter c.c. 155Colour: Black A/C: Insured / Std / NI / NASp. Reading: 22/27 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: In order / ☒ Jammed / Leaked / Burnt orBrake: In order / ☒ Jammed / Leaked / Burnt orModi: Nil / ☒ R/Rim / STD A/Rim orTyre Size: F: 70/90-17R: 80/90-17

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. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 28/6/22Survey held at Equipment ExtremeDes. of Damages: ☒ Frt / ☒ Rear / ☒ N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

No GIA report

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL