

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: _____

Veh No: FD 6997S Yr Regn: 16/3/11
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or
 Make: Yamaha PZ16 c.c. 153
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 14753 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ME11 COSYA 701381
 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 A/Rim or
 Tyre Size: F: 110/70-17
 R: 110/70-17

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM / I
 TOYO / YOKO or .
 Front R/Bal. 4 mm Rear R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 22/1/12 D.O.I. 11/8/12
 Survey held at Infinity
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
2 Rear RH
 The U/C / Chassis frame / Body Structure affected due to collision.

Bel. 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

Date / Time	Action / Instruction
	<u>MR-6K Repair range 1K-2K 3 days</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

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

Report Format: _____
 Lump Sum / I.B.F. (\$) _____