

PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP N/S TP RES OD RES EVA INV MV
 To Inspect Vehicle No: _____
 at Workshop m/s Y2K AUDIO DESIGN
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SJN957Y Yr Regn: 27 Feb/1989
 Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NISSAN 200 SX c.c 1809
 Colour White A/C: Insured / Std / NI / NA
 Sp.Reading 191990 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: RS13500243
 Gen. Cond Good Fair / Poor / Burnt
 Steering: Inorder Jammed / Leaked / Burnt or
 Brake: Inorder Jammed / Leaked / Burnt or
 Modi: Nil S/Rim STD A/Rim or
 Tyre Size: F: 265/35R18
 R: //

(Policy Condition)

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

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

BS / DUN / EXNOVA GY FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Bal. or Market Value: \$110k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front Front Rear Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 19-08-2022
 Survey held at _____ W/S 11:30
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 N/S FRONT
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	\$4000 - \$5000

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Report Filed: _____
 Long Copy / MP: _____