

PRS

ASSIGNMENT

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: _____

Veh No: GBF 8047H Yr Regn: 9/3/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Dyna c.c. 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading 175694 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KDY 2318076558
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / R/Rim or
 Tyre Size: F: 195R15C
 R: 1

(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

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. 21/8/22 D.O.I. 14/9/22
 Survey held at Hyp Hyp
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front LH
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	MIV-58K repair range 2K-3K 4 dgs

Order/Time, File Pass to? : Prel. Report
 : Final Report

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

1) _____
 Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:	_____
S + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format : _____
 Lump Sum / L.S.K. (\$) _____