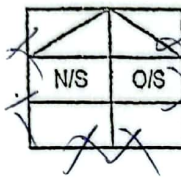


ASSIGNMENT

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: SLE 2387C
 Policy No. _____
 Claims No. 22/22/22/VP05/026318
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ 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: PRF 7439S Yr Regn: 8/11/11
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Traller or _____
 Make: Merida CBRT50R c.c. 150
 Colour: Black A/C: Insured / Std / Nil / NA
 Sp. Reading N/A T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: CS150R0006368
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modl: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 60/70-17
 R: 80/70-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or MAXXIS
 Front Rear
 R/Bal. 1/4 mm R/Bal. 1/4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 20/9/22 D.O.I. 23/9/22
 Survey held at Right Click
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV - 8K</u> <u>Repair range 3k - 4k</u> <u>4 days</u>
26/9/22	Submit PRS, repair range \$3,000-\$4,000

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 4

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 26/9/22-typist

Add Fee:

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

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL

Report Format: _____

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