

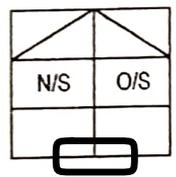
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP N/S TP RES OD RES EVA INV MV
 To Inspect Vehicle No: _____
 at Workshop m/s Garage 13
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SBV5656K Yr Regn: 30 Dec/1988
 Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: B.M.W. 520IA c.c 1990
 Colour Silver A/C: Insured / Std / NI / NA
 Sp.Reading 212869 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBAHB220803328025 *
 Gen. Cond Good Fair Poor Burnt
 Steering: Inorder Jammed / Leaked / Burnt or _____
 Brake: Inorder Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/R or _____

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



Tyre Size: F: 255/40ZR17
 R: //
 BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. _____		D.O.I. <u>27-09-2022</u>	

 Survey held at W/S 5PM
 Des. of Damages: Frt Rear O/S N/S U/C Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \$50k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	\$2000 - \$3000

Date/Time, File Pass to? : Preli. Report
 : Final Report

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

1) _____
 Date/Time, File Return to?
 2) _____
 Report Filed at _____
 Long Code / MPB No _____

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

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