

PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP N/S TP RES OD RES EVA INV MV
 To Inspect Vehicle No: _____
 at Workshop n/s: 365 AUTOMOTIVE
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

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

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

Bal. or Market Value: \$-
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMR5014D Yr Regn: -Mar / 2018
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA VOXY HYBRID 1.8X c.c 1797
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 71545 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ZWR800279650
 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 _____
 Tyre Size: F: 195/65R15
 R: //
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or KAPSEN

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 5:30PM
 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
	\$5000 - \$6000
	NO GIA PROVIDED

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

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

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

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

Report Filed: _____
 Long Code / MP: _____