

AS: S. REC: BY: T. J. M.

REF: CSS / ASM 2701514 / Tnps

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / VS / 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: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$65k.
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS WP PRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SLH872R Yr Regn: 2016 oib
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Wish c.c. 1798
 Colour: Maroon A/C: Insured / Std / NI / NA
 Sp. Reading: 85811 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: STDG620W00 J005994
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 145/65R15

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

Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 16/11/27 & 28

Survey held at JS Spray works
 Des. of Damages: (F/R) Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time	Action / Instruction
	<u>Repair Range: \$6000 - \$7000, 7 days</u>
	<u>22/11/22 submit PRS / repair range \$6k-\$7k and 7 days</u>

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report
 1) 22/11/22
 Date/Time, File Return to?

Days Of Repair: 7
 Resurvey No. of Trip: 2

Survey Fee:	
Transportation:	
\$ + RS. \$	
Frax	
Other	

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. inv (\$)
☐ : Wheel sho (\$)

Report Format: PRS
 Lapse Sum / L.B. / P