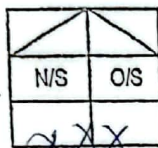


ASSIGNMENT

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: _____
 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.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 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: XE 1395T Yr Regn: 11/2/16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi Puso c.c. 11,967
 Colour: White A/C: Insured / Std / Nil / NA
 Sp. Reading 471447 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: FPSISDA700003
 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: 195/80R22-5
 R: 11
 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. 7/18/22 D.O.I. 7/19/22
 Survey held at LYS
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-80K Repair range 3K-DK
5 days

10/01/23 Submit LS \$5200. 3 days. (Red \$3900, 43%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 10/01 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TPLump Sum / LS (\$ 5200)