

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: XE 329S
 Policy No. _____
 Claims No. 22/22/22/VC05/026354
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: WC 20182 Yr Regn: 2008
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or NISSAN CGB45CLSMNB
 Make: NISSAN c.c. 13074
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading 160716 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: CGRLH LS 00183
 Gen. Cond: Good Fair / Poor / Burnt
 Steering: Inorder Jammed / Leaked / Burnt or
 Brake: Inorder Jammed / Leaked / Burnt or
 Mod: NI / B/Rim / STD A/Rim or
 Tyre Size: F: 195/80R22.5
 R: _____

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

N/S	O/S

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

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

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 28/9/2022 D.O.I. 3/10/22

Survey held at _____
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Roof/Top or
Front RH portion
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>No GIA report</u>
6/10/22	Submit PRS, repair range \$4,000-\$5,000
20/12/22	Submit LS \$10,000 (red 15,800, 61%)

Osier/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?

1) 6/10/22-typist
 2) 20/12/22-typist

Report Format: _____
 Lump Sum / L.S. (\$) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech, Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + R.S. \$ _____

Phone

Others

TOTAL