

ASS. REC. BY: Taufiq

REF: C23/CT1,2300866/Top3.

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMU 2552X

Policy No. DMPCSNW00187372201

Claims No. SNM23D200532/C02/IRENE

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

PRS'

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBM 886 Yr Regn: _____, 2017

Type: M.Car / M.Cycle / Bus / Van / Tr / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Dyna c.c 2182

Colour white A/C: Insured / Std / NI / NA

Sp. Reading 174753 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STFAT35460K 20967

Gen. Cond: G6 / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size: F: 195/R15

R: 155/R12

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Habit load

Front R/Bal. 6 mm

Rear R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A. 19/1/2023

D.O.I. 06/02/23

Survey held at Evergreen

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Frt N/S.

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

Date / Time	Action / Instruction
	<u>NO GIA. Repair Range: \$2500 - \$3500, 3 days.</u>
19/4/23 ¹	Submit PRS, repair range \$2500-\$3500

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

1) : Final Report

Date/Time, File Return to?

2) 19/4/23-typist

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
_____ S + RS. _____ SI	
Photos	
Others	
TOTAL	

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format: _____

Lump Sum / L.S.I.: _____