REC'D / FILE BY: GQ | REF: CS3/INC22009480/Dvy3-1

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s D'S GRAFFITI CONCEPTS

of

Insured: FBN 2522A

Policy No.

Claims No. MT/1190451-001

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: $145k

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKE9008M Yr Regn: 29 Feb/2012

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: AUDI A6 AVANT 2.0 c.c 1984

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

Sp.Reading 141578 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ4G0CN098511 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/35ZR20

R: //

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. 24/9/2022 D.O.I. 27-09-2022

Survey held at W/S 3:30PM

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
	$5000 - $6000
23/9/22	Submit PRS
4/4/23	Submit LS $4100 (red 14,600,78%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 4/4/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weeland ($)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Other:

TOTAL

Report Format:

Lump Sum / LPO: