ASS. Rec. BY: GQ REF: AXA CS3/ASM21013327/Dnp3-1

PRS

ASSIGNMENT CS3/ASM21013327/Gty3

From: Date:

Estimated Cost:

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s TUNE IN MOTOR

of

Insured:

Policy No.

Claims No.

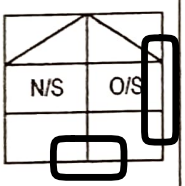
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $9000

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: FBE4082L Yr Regn: 23 Mar/2010

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

Make: YAMAHA T135 c.c 135

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

Sp.Reading 16857 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 5YP301491

Gen. Cond Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 70/90-17

R: 80/90-17

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.		D.O.I.	30-12-2021

Survey held at W/S 3PM

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
	~~$2000 $3000~~
	SUBMIT PRS REPORT
	09/05/23 submit lump sum $1700 and 3 days (red, $1500, 47%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___3 + RS.___SI

Photos

Others

TOTAL

Report Furnished:

Lump Sum / UPD: