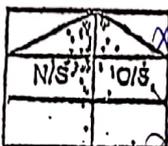


**ASSIGNMENT**

From: PRS Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 To Inspect Vehicle No: FBM 7681X  
 at Workshop m/s \_\_\_\_\_  
 Insured: SHB 1955H  
 Policy No. \_\_\_\_\_  
 Claims No. TAX/09/21/2035  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: FBM 7681X Yr Regn: 4/3/16  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: BMW 51000 XR c.c. 999  
 Colour: Red A/O: Insured / Std / NI / N  
 Sp. Reading: 28096 T/Radio: Insured / Std / NI / N  
 Eng/No: \_\_\_\_\_  
 O/No: WA19W030472444579  
 Gen. Cond: Good / Fair / Poor / Bught  
 Steering: Loose / Jammed / Locked / Burnt or  
 Brakes: In good / Jammed / Locked / Burnt or  
 Mod: NII / AIR / STD AIR or  
 Tyre Size: F1 170/72R17  
R1 199/55ZR17  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front 4 mm R/Ral. 4 mm  
 L/Bal. \_\_\_\_\_ mm U/Bal. \_\_\_\_\_ mm  
 D.O.A. 16/9/21 O.O.L. 22/9/21  
 Survey held at Primer Racing  
 Des. of Damages: Front / Rear (O/S) / N/S / U/C / Roof top or



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report Consistent? : Yes or No  
 SIA / PR Sent 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

The U/S / O/S / Chassis frame / Body Structure affected due to collision

| Date / Time      | Action / Instruction   |
|------------------|--|
|                  | <u>INV-25K</u> Repair range <u>4K - 5K</u><br><u>3 repair days</u>             |
| <u>22/0/2021</u> | <u>Submit PRS</u>  |
|                  | <u>31/05/23 submit lump sum \$2700 and 3 days</u><br><u>(red, \$2650, 50%)</u> |

Time/Time, File, Report:  : Prel. Report  
22/9 TYPIST  : Final Report  
 Date/Time, File Return to:  
 Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transport: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Inva (\$ \_\_\_\_\_)  
 : Wheel and (\$ \_\_\_\_\_)  
 TOTAL: \_\_\_\_\_