

Date: 17.05.2018
Our Reference: SJP 5623S/SL/pl
Your Reference: SGD 648R

Sent via Fax

-

or

Email

candy.kong@transcab.com.sg

To: **TRANS-CAB AUTO SERVICES PTE LTD**

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: **SGD 648R**
Insured's Vehicle: **SJP 5623S**
Date Of Accident: **15.05.2018**


We acknowledge receipt of your request for PRS on: **17.05.2018**

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

* **LKK**

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

<input type="checkbox"/>	Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
<input type="checkbox"/>	Your request for inspection does not have your client's GIA report, kindly forward a copy.
<input type="checkbox"/>	We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
<input checked="" type="checkbox"/>	Our Insured's driver has not reported the accident to us todate.
<input checked="" type="checkbox"/>	Others: <u>OFFICER-IN-CHARGE STEVE LIM</u>

Prepared by:		Pei Li	6829 9194	claims@ergo.com.sg
Signature:				FAX : 6829 9247

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our Inspection is on a without admission to liability basis.