

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Reliable Carz

of

Insured:

Policy No.

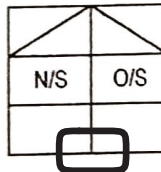
Claims No.

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:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLT 1769L

Yr Regn: 20 Oct/2017

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

Truck / Trailer or

Make: Honda Shuttle c.c. 1496

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

Sp. Reading: 192495 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP71121025

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

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

TOYO / YOKO or Achilles

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 03/06/2020

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

\$4000 - \$5000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 5/6/20-Typist

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : W/Weekend (\$)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others:

TOTAL

Report Filed: PRS

Long Form / UPB