

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s Harmony Motor

of

Insured:

Policy No:

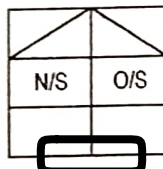
Claims No:

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: \$10500

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 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: SGS 4004E

Yr Regn: 14 Mar/2007

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

Truck / Trailer or

Make: KIA Rio 1.4 c.c 1399

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

Sp. Reading: 160953 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNADE221376215104

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: 175/70R14

R: 175/70R14

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. 08/06/2020

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

COE: \$8716

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

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

Report Filed:

Long Cond / MPB: