ASS. REC. BY: Steve | REF: CS3/ICS2007632/Eqf3

ASSIGNMENT

PRS

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s ____

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.

N/S	O/S

Bal. or Market Value: ____

IDAC Accident Rport: ____ 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: SMQ5274A Yr Regn: 21/11/19

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

Make: Toyota Sienta c.c 1496

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

Sp.Reading 24516 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: NHP170717748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ____

Brake: Inorder / Jammed / Leaked / Burnt or ____

Modl: NII / Sport / STD A/Rim or ____

Tyre Size: F: 185/55 R15

R: "

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	21/7/20	D.O.I.	24/7/20

Survey held at 3 Motorworkz

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear LH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	MV-90K Repair range 5K-6K 5 repair days
27/07/20	Submit PRS.

Date/Time, File Pass to? 27/07 Typist

Date/Time, File Return to?

2) ____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ : Tech. Invs ($ ____)

☐ : Weekend ($ ____)

Report Format : MER-PRS

Lump Sum / L.E.I: (____)

Survey Fee: ____

Transportation: ____ S + RS ____ SI

Photos ____

Others ____

TOTAL ____