

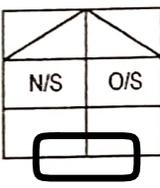
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s MJE MOTOR
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: YN 8114H Yr Regn: 13 May/2015
 Type: M.Car / M.Cycle / Bus / Van / Corn / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: ISUZU NPR85UH5A 3.0 c.c. 2999
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 311702 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JAANPR85HF7100196 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**



Tyre Size: F: 195/85R16 WESTLAKE
 R: 205/85R16 HANKOOK
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 1 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. _____		D.O.I. <u>21-09-2020</u>	
Survey held at <u>W/S</u>		<u>11:30</u>	
Des. of Damages: Frt / <input checked="" type="checkbox"/> Rea / O/S / N/S / U/C / Rooftop or _____			
The U/C / Chassis frame / Body Structure affected due to collision.			

Date / Time	Action / Instruction
	<u>\$500 - \$1000</u>
	4/5 250
	(R: 3350
	937.)
	<u>SUBMIT PRS REPORT</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: 2

1) _____
 Date/Time, File Return to?
 2) 29/09/20 TYPIST

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Survey Fee:	
Transportation:	
Photos	
Other:	
TOTAL	