

ASS. REC. BY: Steve REF: CS3/CT120010125/Eqf3

**ASSIGNMENT**

From: PRS 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. SNM20D203449C02  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: GBK 46064 Yr Regn: 7/8/20  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Dyna 150 c.c. 2982  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Rending: 4658 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTFAT3SY90K 215799  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In/Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In/Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modl: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 195R15C  
 R: \_\_\_\_\_  
 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. 19/9/20 D.O.I. 22/9/20  
 Survey held at Sin Fo Hing  
 Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision.

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

N/S	O/S
<u>X</u>	<u>X</u>

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>MV-70K Repair done 2K-3K</u>
	<u>: 4 repair days</u>
	<u>Submit PRS</u>

Date/Time, File Pass to?  : Prell. Report  
 : Final Report  
 1) 23/09 Typist  
 Date/Time, File Return to?

Days Of Repair: 4  
 Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Add Fee:  : Site Insp (\$) )  
 : Interview (\$) )  
 : Tech. Invs (\$) )  
 : Wheel and (\$) )

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____

Rep. Form: MER-PRS  
 Lump Sum / U.C. / \_\_\_\_\_