ASS. REC. BY: Steve | REF: CS/MSG20010640/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. 30001430656

Claims No. 248255

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: 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: SMQ5916G Yr Regn: 18/12/14

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: volvo S60 c.c 1560

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

Sp.Reading 95360 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: YV1FS84ABF2337650

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modl: Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 205/55R16

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.	1/10/20		D.O.I.	5/10/20	

Survey held at Garage 13

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
	MV-52K Repair range 9K – 10K
	6 repair days
06/10/20	Submit PRS.

Date/Time, File Pass to?

06/10 Typist

☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format : MER-PRS

Lump Sum / L.B.I: ( )