

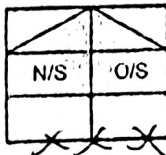
ASS. REC. BY: Steve REF: CS/MSG 20010640/E 9f3

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.



Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 6 days Res.: Yes or No
Sum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SM25916 G Yr Regn: 18/12/14
Type: M.Cat / 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. Rending: 95360 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: YV1FS84 ABF 2337650
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: NII / S/Rim / STD A/Rim or
Tyre Size: F: 205/55R16
R: 1
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or 8
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
	<u>MR-52K</u> <u>Repair range 9K-10K</u>
	<u>6 repair days</u>

06/10/20 Submit PRS

Date/Time, File Pass to?

☐
☐

: Prell. Report
: Final Report

06/10 Typist

Date/Time, File Return to?

2)

Top Form: MER-PRS

Comp. Form / L.B. C

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL