PRS Filed By: GQ | REF: CS3/ASM20011969/Gtf3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s KUM CHEW

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: $115k

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMJ 8190A Yr Regn: 21 Mar/2019

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

Make: MERCEDES BENZ GLA180 c.c 1595

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

Sp.Reading 33227 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDC1569422J589446

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/35ZR20

R: 245/35ZR20

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	03-11-2020

Survey held at W/S 12pm

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

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

Date / Time	Action / Instruction
	$3000 - $4000
	SUBMIT PRS REPORT
	range 3000 - 4000 4days

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weeland ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL