

GR.
PRS

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
at Workshop m/s: Prestige Auto
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.

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH542B rr Regn: 8 Nov 2016
Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Toyota wish c.c. 1798
Colour: Grey A/C: Insured / Std / NI / NA
Sp. Reading: 65452 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: JTDAG20W50J005912

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

Tyre Size: F: 195/65R15
R: U

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

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>16-12-20</u>

Survey held at W/S 5:30 pm

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>No GIA Given</u>
	<u>\$2000 - \$3000 (Repair Range)</u>
	<u>Submit PRS Report</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Date/Time, File Return to?

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

Survey Fee:

Transportation:

3 + PS. \$1

Phone

Other

P.T.L.