

for
PRS

CS3/CT: 20014285/Gad3

9

(-2023)

ASSIGNMENT

Estimated Cost:

☒ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV

Inspect Vehicle No:

Workshop m/s

Hup ley Hwaat

Insured:

Policy No.

Claims No.

Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value:

DAC Accident Report:

SA / PR Seen:

Est. Repairs:

Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle: IN / OUT

Veh No

Type: ☒ M Car / ☐ M Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make:

Colour

Sp Reading

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Rear

R/Bal.

L/Bal.

D.O.I.

n/s

o/s at

28-12-20
12pm

N/S	O/S

Date / Time

Action / Instruction

COB: 8562

\$ 2000 - \$ 3000

Submit PRS.

Date/Time, File Pass to?

☐

: Preli. Report

1) 29/12/2021

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Est. Insp (\$

☐

Final Insp (\$

Survey Fee:

Transportation:

3-PS List

Flaming

Other

Submit PRS