

62
PRS

SMC

ASSIGNMENT

at

Date

Estimated Cost

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

Inspect Vehicle No:

Workshop n/s

Garage 13

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.

Actual or Market Value:

DAC: Accident Report

SA / PR Seen

Est. Repairs

Sum Sum.

Consistent? : Yes or No

Consistent? : Yes or No

8 days Res: Yes or No

% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

\$7000 - \$8000

SUBMIT PRS REPROT

Date/Time, File Pass to

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to

2)

Days Of Repair: 8

Resurvey No. of Trip: 1

Adl Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Estimate: \$

☐

Other: \$

Survey Fee:

Transportation

1st Fee: \$

2nd Fee: \$

3rd Fee: \$

Vehicle: GBB 25420 Reg: 06 Jw/2017

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

Truck / Trailer or

Make

Toyota Hilace

cc: 2982

Colour

silver

A/C: Insured / Std / NI / NA

Sp Reading

112271

T/Radio: Insured / Std / NI / NA

Eng/No

JTFHT02 P800.218849

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:

195R15

R:

17

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

11-01-21

Survey held at

w/s

1:20pm

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

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