CS3/MSG21004328/Gqf3

ASS. REC. BY: RCL PRS

MSG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s 1 Stop Garage

of

Insured:

Policy No. 29148789ATM

Claims No. 634862

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:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMS 476 / G Yr Regn: 27 Feb 2020

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 1.5G

Make: Honda shuttle c.c 1496

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

Sp.Reading 62365 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GK 8210 1221

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: 185 / 60 R15

R: "

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.	06-04-21

Survey held at W/S 4:40pm

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
	$3000 - $4000
20/04/21	Submit PRS.

Date/Time, File Pass to?

1) 20/04 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

MER-PRS

Report Format:

Lump Sum / Update:

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (S$)

☐ : Interview (S$)

☐ : Tech. Insp (S$)

☐ : Miscellaneous (S$)

Survey Fee:	
Transportation:	
S + PS: SI	
Photos	
Other:	
TOTAL	