

ASS. REC. BY:

PR5

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

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:

7 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:

SMU 6843E

Regn:

25 Aug 2020

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

Truck / Trailer or

Make:

Renault Grand cc 1461

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp Reading:

32816

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VFIRFA00X 63926181

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:

195/55R20

R:

U

BS / DUN / EXNOVA / GY / FS / LIZA / MC / 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.

18-03-21

Survey held at

W/S

5:35pm

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

o/s W

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

Date / Time

Action / Instruction

06246670

\$7000 - \$8000

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

7

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Misc. Insp (\$

Survey Fee:

Transportation:

3 + RS. \$

Photos

Other:

TOTAL

Report Forwarded:

Emp. Sign / Date: