

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s TOH MOTOR

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.

☒	☐
N/S	O/S
☐	☐

Bal. or Market Value: \$4000

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBD5513J Yr Regn: 13 Apr 2009

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

Truck / Trailer or _____

Make: YAMAHA YBR125 c.c. 124

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

Sp. Reading: 50631 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LBPKE128490020451 *

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Harder / Jammed / Leaked / Burnt orBrake: ☒ Harder / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 80/90-18 (GOLDEN BOY)

R: 90/90-18 (MIC)

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. mm L/Bal. mm

D.O.A. D.O.I. 29-07-2021

Survey held at W/S 11AM

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

Total Rebate Amount \$2,425

\$1500 - \$2000

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Insp (\$ _____)☐ : W/Weekend (\$ _____)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: