

PRS

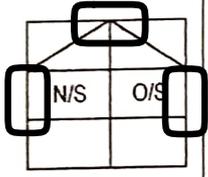
ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s SAU HOCK MOTOR
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: JSC 3864 Yr Regn: 2017 /
 Type: M. Car / Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: YAMAHA Y15ZR c.c 150
 Colour: RED A/C: Insured / Std / NI / NA
 Sp. Reading: 75804 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: PMYUG0510H0059516 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / Rim / STD A/Rim or

(Policy Condition)

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



Tyre Size: F: 80/90-17
 R: 120/70-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUMI /
 TOYO / YOKO or _____

Bal. or Market Value: 5500RM
 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

Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. _____ D.O.I. 13-08-2021
 Survey held at _____ W/S 5PM
 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
	\$2000 - \$3000
	SUBMIT PRS REPORT

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

Report Fee: _____

Long Cost / MP: _____

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

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	