

File No: STEW 1

CS3/ASMD010044/EUC

PRS

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: FBK 2391B
at Workshop m/s _____
of _____
Insured: SHA 7088B
Policy No. _____
Claims No. S1M03HUE
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: _____
IDAG Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs. 4 days Res.: Yes or No
Lum Sum: _____ % 3-Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBK 2391B Yr Regn: 26/5/15
Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: KTM RC390 C.C. 373
Colour: Orange NC: Insured / Std / NI / NA
Sp. Reading 44593 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: VRK1YT497FC296980
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / SIRIm / STD A/RIm or
Tyre Size: F: 120/60-17
R: 160/60-17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Pirelli
Front _____ Rear _____
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 13/9/21 D.O.I. 28/9/21
Survey held at JL Powersports
Des. of Damages: Frt / Rear / O/S / (N/S) / VIC / Rooftop or

The VIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-6K</u> <u>Repair range 3K-4K</u>
	<u>4 repair days</u>
29/9/2021	Submit PRS.

Date/Time File Pass to? ☐ : Provl. Report
11/29/9 TYPIST ☐ : Final Report
Date/Time File Return to?

Days Of Repair: 4
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S + RS: \$	
Fines:	
Others:	
Total:	

Report Format: SMART CLAIM - PRS