

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s ARC MOTOR

of

Insured:

Policy No:

Claims No. C10012020 /JM

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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: JQA 3386

Yr Regn: 26/03/2014

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

Truck / Trailer or

Make: TOYOTA CAMRY 2.0G (A) c.c 1998

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

Sp. Reading: 121270 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: PN153BK5107009011 *

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

Tyre Size: F: 215/60R16

R: 215/60R16

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

TOYO / YOKO or FIRENZA

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 26-10-2021

Survey held at W/S 1:30PM

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
	POLICE REPORT & INSURANCE CERT GIVE LATER
	- \$1000 - \$2000
22/11/21	Submit PRS.

Date/Time, File Pass to?

☐ : Preli. Report

1) 22/11 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

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

Report Filed: PRS

Long Cond / MPB