

PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☒ /S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s Nexpress Performance
 of _____
 Insured: _____
 Policy No: _____
 Claims No: SNM21D205945/C2
 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: \$55k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 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: SLQ606X Yr Regn: 27 Jun/2017
 Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MAZDA3 SEDAN 1.5 c.c 1496
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp.Reading: 90676 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6BN22A8H0165499 *
 Gen. Cond ☒ Good ☐ Fair / Poor / Burnt
 Steering: ☒ Inorder ☐ Jammed / Leaked / Burnt or
 Brake: ☒ Inorder ☐ Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / ☒ STD A/Rim or
 Tyre Size: F: 205/60R16
 R: 205/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA ☒ MIC 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. 21-10-2021
 Survey held at _____ W/S 3:30PM
 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
	\$4000 - \$5000
22/11/21	Submit PRS.

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

22/11 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other:

TOTAL

Report Filed: MER-PRS

Long Cond / MPB