

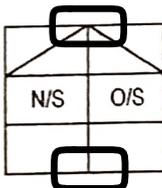
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s GARAGE 13
 of _____
 Insured: GBG 9191L
 Policy No. DMPCSN00040812100
 Claims No. SNM21D206387/C01/CHEESC
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: YN 5618R Yr Regn: 31 Jul/2014
 Type: M.Car / M.Cycle / Bus / Van Lorry Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: MITSUBISHI CANTER FEB21ER4SDEB:c 2998
 Colour: White A/C: Insured / Std / NI / NA
 Sp.Reading: 387270 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: FEB21EA00533
 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: 195/85R15 YOKO
 R: 195/85R15 BS
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 5/5 mm
 L/Bal. 6 mm L/Bal. 5/5 mm
 D.O.A. 6/11/21 D.O.I. 09-11-2021
 Survey held at _____ W/S 4PM
 Des. of Damages: Frt Rea / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \$27k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 8 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	\$8000 - \$9000
	Total Rebate Amount: \$5,300
11/11/21	Submit PRS, repair range \$8,000-\$,9000

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

Days Of Repair: 8
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) 11/11/21-typist

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

Survey Fee:	
Transportation:	
_____ 3 + RS, SI	
Photos	
Other:	
TOTAL	

Report Filed: _____
 Long Copy / MP: _____