PRS Filed By: GQ REF: CS3/ASM21012218/Gvy3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s AUTO BEST MOTOR

of

Insured: SHC 7001R

Policy No.

Claims No. S1M03N3V

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: $130k

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SCM6200X Yr Regn: 02 Aug 2010

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: HONDA / CRV 2.0L c.c 1997

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

Sp.Reading 138534 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHLRE2850AC200635 *

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: 225/65R17

R: 225/65R17

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. 26/11/21 D.O.I. 02-12-2021

Survey held at W/S 5:30PM

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
3/12/21	Submit PRS,repair range $4,000-$5,000

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2) 3/12/21-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL

Report Format:

Lump Sum / UPD: