PRS Rec. By: GQ REF: CS3/CTI21012421/Gvy3

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 EVERDAWN AUTO

of

Insured: GBL 4031Y

Policy No. DMCVSNA00068522101

Claims No. SNM21D207106/C02/TANKW

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: $152k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: SNA5128L Yr Regn: 02 NOV 2015

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

Make: B.M.W. 740LI c.c 2998

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

Sp.Reading 110844 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBA7E22060GD99724 *

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: 245/40R20

R: 245/40R20

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. 6/12/2021 D.O.I. 08-12-2021

Survey held at W/S 12PM

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or FRONT N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	$7000 - $8000
16/12/21	Submit PRS, repair range $7,000-$,8000

Date/Time, File Pass to? 1)

Date/Time, File Return to? 2) 16/12/21-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format:

Lump Sum / UPD:

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL