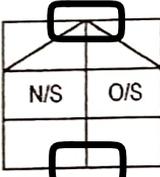


PRS

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD  TP /  S / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s KUM CHEW MOTOR  
 of \_\_\_\_\_  
 Insured: YP 8768K  
 Policy No: \_\_\_\_\_  
 Claims No. 21/21/22/VC05/025281  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: YN6500P Yr Regn: 09 Oct/2014  
 Type: M.Car / M.Cycle / Bus / Van  Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: MITSUBISHI CANTER c.c 2998  
 Colour White A/C: Insured / Std / NI / NA  
 Sp.Reading 310670 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: FEB21EA00981  
 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  
 Tyre Size: F: 195/85R15  
 R: 195/85R15



(Policy Condition)  
 Remark: **The veh had commenced its repair at the time of inspection.**  
 Bal. or Market Value: \$30k  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 10 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  

<u>Front</u>	<u>Rear</u>
R/Bal. <u>6</u> mm	R/Bal. <u>6/6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6/6</u> mm
D.O.A. <u>21/12/21</u>	D.O.I. <u>30-12-2021</u>
Survey held at _____	W/S <u>10:45</u>

 Des. of Damages:  Frt /  Rea /  O/S /  N/S /  U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	\$8000 - \$10000
31/12/21	Submit PRS

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) 31/12/21-typist  
 Report Filed at \_\_\_\_\_  
 Long Code / MPB No \_\_\_\_\_

Days Of Repair: 10  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Insp (\$ \_\_\_\_\_)  
 : W/weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	