

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 EM Solution

of

Insured:

Policy No.

Claims No.

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 |
| <input checked="" type="checkbox"/> |     |

Bal. or Market Value: \$54k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SLH4262A Yr Regn: 02 Nov 2016

Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA AXIO c.c 1496

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

Sp. Reading: 181225 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: NKE1657136912

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ norder ☐ Jammed / Leaked / Burnt orBrake: ☒ norder ☐ Jammed / Leaked / Burnt orModi: ☒ Nil ☐ S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or FIRENZA

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 28-12-2021

Survey held at W/S 12PM

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

\$2000 - \$3000

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: