

PRS

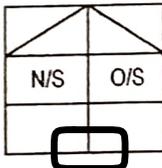
ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s CCK CAR RENTAL
 of _____
 Insured: XE 3645J
 Policy No. DMCVSNA00137032104
 Claims No. SNM21D200032/C02/THAMYL
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GV7848B Yr Regn: / 2002
 Type: M.Car / M.Cycle / Bus / Van Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA DYNA 150 D c.c 2986
 Colour: SILVER A/C: Insured / Std / NI / NA
 Sp.Reading: 677964 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFUF34Y403 * 000526
 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: 185R14
 R: 155R12

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$7500
 IDAC Accident Rpt: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or HANKOOK
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. 31/12/21 D.O.I. 05-01-2022
 Survey held at _____ W/S 4:30
 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
	\$3000 - \$4000
	No GIA provided
7/1/22	Submit PRS, repair range \$3,000-\$4,000

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

Days Of Repair: 5
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to?
 2) 7/1/22-typist

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

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

Report Filed: _____
 Long Copy / MP: _____