

ASS. REC. BY: SteveREF: CS/CT122001193/R993

ASSIGNMENT

PRS

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. SNM22D200681/C02

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

Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

MR-9911

08/03/22 Submit PRS.

Date/Time, File Pass to?

1) 08/03 Typist

Date/Time, File Return to?

2) _____

Report Format: MER-PRS

Lump Sum / I.B.I: (\$ _____)

☐ : Prell. Report☐ : Final ReportDays Of Repair: 4

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Veh No: SNC2561C Yr Regt: 7/10/21Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Raize c.c. 996Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 8243 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: A200A0141924Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rim / STD A/Rim orTyre Size: F: 195/65 R16R: 11

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

TOYO / YOKO or

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 26/1/22Survey held at MyCar

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

Front RH

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

4K-5K

Repair Range 3K-4K 4 days