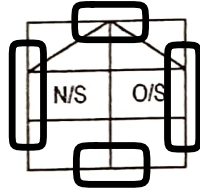


PRS

ASSIGNMENT CS3/ASM22002659/Gty3

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 QD  TP  / S / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Tuck Life  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: FBF7194Y Yr Regn: 24 Oct/2011  
 Type: M.Car /  M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: YAMAHA / FZ 16 c.c 153  
 Colour: Black A/C: Insured / Std / NI / NA  
 Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: ME121C079B2012723 \*  
 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: 110/70-17  
 R: 150/60-17



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: \$7000  
 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  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU  PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
 D.O.A. \_\_\_\_\_ D.O.I. 23-03-2022  
 Survey held at \_\_\_\_\_ W/S 5PM  
 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 - \$3500
	COE Expiry Date : 31 Aug 2026 <b>SUBMIT PRS REPORT</b>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 4  
 Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:	
Transportation:	
_____ \$ + RS. _____ SI	
Photos	
Other:	
TOTAL	

Report Filed at: \_\_\_\_\_  
 Long. Cont. / MP: \_\_\_\_\_