

PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / N/S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s: PEROCOM AUTO
 of _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMT5003A Yr Regn: 22 Jun/2020
 Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: PERODUA BEZZA PREMIUM X 1.3c.c 1329
 Colour: Black A/C: Insured / Std / NI / NA
 Sp.Reading: 19707 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: PM2B301S003176031 *
 Gen. Cond: Good Fair / Poor / Burnt
 Steering: Inorder Jammed / Leaked / Burnt or
 Brake: Inorder Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/R or _____
 Tyre Size: F: 175/60R15
 R: //

(Policy Condition)

N/S	O/S
<input checked="" type="checkbox"/>	

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

Bal. or Market Value: \$60k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 3 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. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. _____		D.O.I. <u>05-04-2022</u>	
Survey held at _____	<u>W/S</u>	<u>10AM</u>	

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S REAR
 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 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____
 Report Filed? _____
 Long Copy / MPB? _____

Days Of Repair: 3
 Resurvey No. of Trip: _____

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

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