

Steve

CS/CT122003766/ktg3

ASSIGNMENT

Front:

PRS

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.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SMN 6562C

Yr Regn:

15/9/06

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

Truck / Trailer or

1499

Make:

Mitsubishi Colt

c.c

1468

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

369601

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMYL223W62 000575

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / 3/Rim / STD A/Rim or

Tyre Size:

F:

195/50R15

R:

))

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

21/4/22

D.O.I.

25/4/22

Survey held at

TCRP

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

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

Date / Time

Action / Instruction

MK - 38K

Repair range 3K - 4K
5 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Days Of Repair:

5

Resurvey No. of Trip:

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.E. (\$)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL