

PRS

ASSIGNMENT

From: **CS/ASM22004778/Gty3**

Date:

Estimated Cost:

OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s **WILLIAM LEE**

of

Insured:

Policy No.

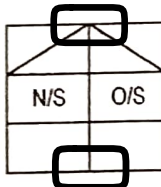
Claims No.

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: \$90k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: **SX5603B**Yr Regn: **02 Mar/2018**Type ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **AUDI A3 SPORTBACK 1.0** c.c. **999**Colour: **Blue**A/C: **Insured / Std / NI / NA**Sp. Reading: **68069**T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: **WAUZZZ8V3JA080338**Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/Rim orTyre Size: F: **205/55R16**

R: //

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. **20-05-2022**Survey held at W/S **5:30PM**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

\$5000 - \$6000

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **6**

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Copy/MP/...