ASS. Rec. By: GQ | REF: CS3/CTI22004904/Gqy3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s AUTO BEST

of

Insured:

Policy No.

Claims No. SNM22D203537/C02

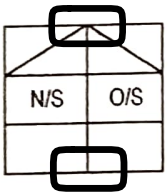
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $11k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 7 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: SMK3926Y Yr Regn: 14 Apr/2009

Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: HYUNDAI HD AVANTE 1.6 c.c 1591

Colour Black A/C: Insured / Std / NI / NA

Sp.Reading 242495 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHDU41BR9U727164 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: norden / Jammed / Leaked / Burnt or

Brake: norden / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or GITI

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	24-05-2022

Survey held at W/S 5:30PM

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
	$5000 - $6000
	COE Expiry Date :13 Apr 2024
	Total Rebate Amount $4,935
25/05/22	Submit PRS.

Date/Time, File Pass to?

1) 25/05 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

TOTAL

Report Format: MER-PRS

Lump Sum / UP to: $