ASS. Insp. By: GQ | REF: AXA

PRS

ASSIGNMENT

CS3/ASM22005000/Gtc

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Lim Motor

of

Insured:

Policy No.

Claims No. S2M03ZFT

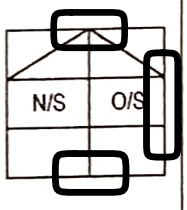
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $10k

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBP282U Yr Regn: 21 Jan 2019

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

Make: HONDA WW150 (PCX150) c.c 153

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

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

Eng/No:

C/No: RLHKF18A5JY203222 *

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: 90/90-14

R: 120/70-14

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	27-05-2022

Survey held at W/S 3PM

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
	$4000 - $5000
	SUBMIT PRS REPORT

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

4

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS.___ St

Photos

Others

TOTAL