

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s SPEEDWERKZ

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.

N/S	O/S

Bal. or Market Value: \$ 25K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SMV5531G Yr Regn: - / 2012

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

Truck / Trailer or

Make: B.M.W. / 520I 2.0L c.c - 1997

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

Sp. Reading: 140336 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WBAXG12060DX49145 *

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/R or

Tyre Size: F: 225/55R17

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. 02-06-2022

Survey held at W/S 5:30PM

Des. of Damages: Frt / Rear / O/S / ☒ N/S / U/C / Rooftop orThe ☒ U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

\$5000 - \$6000

GIA give later

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

3 + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: