

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 KUM CHEW MOTOR

of

Insured:

Policy No.

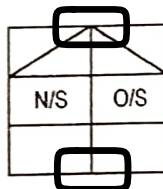
Claims No.

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: \$30k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 10 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: YN6500P

Yr Regn: 09 Oct/2014

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

Truck / Trailer or

Make: MITSUBISHI CANTER c.c 2998

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

Sp. Reading: 310670 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: FEB21EA00981

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

Tyre Size: F: 195/85R15

R: 195/85R15

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

Front

Rear

R/Bal. 6 mm

R/Bal. 6/6 mm

L/Bal. 6 mm

L/Bal. 6/6 mm

D.O.A.

D.O.I. 30-12-2021

Survey held at W/S 10:45

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

\$8000 - \$10000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

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

S + RS, SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: