

ASSIGNMENT

PRS
From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBB9331B Yr Regn: 21/9/07
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Suzuki GS1000M c.c. 999
Colour: Black A/C: Insured / Std / Nil / NA
Sp. Reading: 147679 T/Radio: Insured / Std / Nil / NA
Eng/No: _____
C/No: JSTCL111100113579
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 170/70ZR17
R: 190/50ZR17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or: Pirelli
Front _____ Rear _____
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. _____ mm L/Bal. _____ mm
D.O.A. 3/6/22 D.O.I. 8/6/22
Survey held at Equipment Extreme
Des. of Damages: Frt / Rear O/S / M/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-9K

Repair range 5k-6k
5 days

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐ : Prel. Report

1)

Date/Time, File Return to?

☐ : Final Report

2)

Report Format: _____

Lump Sum / I.B.F. (\$) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL