

Steve

CS3/ SMR22005619/Egy3

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. TAX/06/22/2025
 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

Est. or Market Value: \$9500(est)
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 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: ERP 8915A Yr Regn: 28/06/2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Yamaha YTS c.c. 150
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 37660 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MH3000750RR 07.5003
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: NII / SRM / STD A/Rim or
 Tyre Size: F: 60/80-17
 R: 70/80-17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or . _____
 Front R/Bal. 4 mm Rear R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 7/6/22 D.O.I. 14/6/22
 Survey held at Albert Motel
 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

Workshop no GIA report

ESTIMATE RANGE OF COR \$1500-\$2500.

13/07/22 Submit PRS

Date/Time, File Pass to?

1) 13/07 Typist

Date/Time, File Return to?

2)

Report Format: PRS

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

Days Of Repair: 3Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS. \$I

Photos

Others

TOTAL