

PRS

ASSIGNMENT

From: **CS3/GRB22005470/Gty3**

Date:

Veh No: SLB3503T Yr Regn: 04 Apr/2016

Estimated Cost:

Type: ☒ M.Car ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /OD ☒ TP ☐ N/S / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make: TOYOTA AXIO c.c 1496

at Workshop m/s NEO AUTO

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

of

Sp. Reading: 294595 T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No: NRE1610009630

Claims No.

Gen. Cond: ☒ Good ☐ Fair / Poor / Burnt

Sum Insured: Excess:

Steering: ☒ Inorder ☐ Jammed / Leaked / Burnt or

(Client's Record)

Brake: ☒ Inorder ☐ Jammed / Leaked / Burnt or

Make of Veh:

Modi: ☒ Nil ☐ S/Rim / STD A/Rim or

(Policy Condition)

N/S	O/S

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

Tyre Size: F: 185/60R15

R: //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or ARIVO

Bal. or Market Value: \$43k

Front Rear

IDAC Accident Rpt: Consistent? : Yes or No

R/Bal. 6 mm R/Bal. 6 mm

GIA / PR Seen: Consistent? : Yes or No

L/Bal. 6 mm L/Bal. 6 mm

Est. Repairs: 7 days Res.: Yes or No

D.O.A. D.O.I. 08-06-2022

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

Survey held at W/S 4:30PM

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / ☒ Rear ☐ O/S / N/S / U/C / Rooftop or

Date: Person Contacted:

Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SUBMIT PRS REPORT

\$5000 - \$6000

05/08/2022 Finalise L/S \$4,600.00 ; 7 Days (Red \$1,530.00 / 25%)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1)

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Cond / MPB: