

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. _____

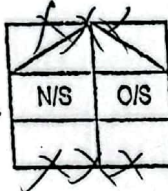
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: GBC 3073E Yr Regn: 03/11/11

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

Truck / Trailer or

Make: Toyota Dyna 150 c.c. 1982Colour: Silver A/C: Insured / Std / NI / NASp. Reading 194671 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDY93IR- TLMKY JTEAT 35Y70X201787

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: 195/R15C
R: 1)

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 1/4 mm R/Bal. 1/4 mmL/Bal. 1/4 mm L/Bal. 1/4 mmD.O.A. 25/1/22 D.O.I. 28/1/22Survey held at Ngee Ngee MotorDes. of Damages: F / R / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MR-3PR

Repair range SK-6K
10 days

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.h. (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$ _____)



Interview (\$ _____)



Tech. Invs (\$ _____)



Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photos

Others

TOTAL