

PRS

ASSIGNMENT

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. CMTD2202608/LOR  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SNE 99856 Yr Regn: 21/7/17  
 Type:  M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Renault Megane c.c. 1618  
 Colour: Blue A/C:  Insured / Std / Nil / NA  
 Sp. Reading: 105949 T/Radio:  Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: VF RFB 00655619392  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering:  In order / Jammed / Leaked / Burnt or  
 Brake:  In order / Jammed / Leaked / Burnt or  
 Mod:  Nil / STD A/Rim or  
 Tyre Size: F: 175/50R17  
 R: "

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
<u>X</u>	<u>X</u>

BS / DUN / EXNOVA / GY / FS / LIZA /  MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or . \_\_\_\_\_  
 Front Rear  
 R/Bal. 4 mm R/Bal. 4 mm  
 L/Bal. 4 mm L/Bal. 4 mm  
 D.O.A. 30/7/22 D.O.I. 2/8/22  
 Survey held at Garage Star  
 Des. of Damages:  Frt /  Rear /  O/S /  N/S /  U/C /  Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 6 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>MR - get</u>
	<u>ESTIMATE RANGE OF COR \$6000-\$7000.</u>
<u>04/08/22</u>	<u>Submit PRS</u>

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) 04/08 Typist \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: PRS  
 Lump Sum / I.B.F. (\$) \_\_\_\_\_

Days Of Repair: 6  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_

Survey Fee:	_____
Transportation:	_____
\$ + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____