

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. **S2M0482C**

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
XXX	

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: **SKW 4607Y** Yr Regn: **30/6/15**

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

Truck / Trailer or

Make: **Subaru Forester** c.c. **1998**

Colour: **Blue** A/C: Insured / Std / NI / NA

Sp. Reading **73107** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JP1STJ6K85FG058663**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **215/55R16**

R: **11**

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. **6** mm L/Bal. **4** mm

D.O.A. **11/8/22** D.O.I. **4/8/22**

Survey held at **Alpha**

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

MV-59K

Repair range JK-2K

3 days

05/08/22 @ 6.17pm revised to Kitty Teo via Smart Claims.

05/08/22 Submit PRS.

Date/Time, File Pass to?

☐ : Prel. Report

05/08 TYPIST

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

S + RS. \$ _____

Photos

Others

TOTAL

Report Format: **SMART CLAIMS - PRS**

Lump Sum / L.S. (\$ _____)