

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Chip Soon Auto

of

Insured:

Policy No.

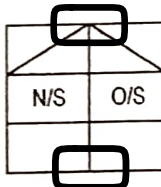
Claims No.

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: \$102k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 16 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLZ8701D

Yr Regn: 22 May/2018

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

Truck / Trailer or

Make: MERCEDES BENZ B180 STYLE c.c 1595

Colour: Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 86161

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2462422J476343 *

Gen. Cond: ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil / S/Rim / ☒ STD A/R or

Tyre Size: F: 205/55R16

R: //

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 10-08-2022

Survey held at

W/S

2:30PM

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

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

Date / Time

Action / Instruction

\$18000 - \$20000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

S + RS. SI

☐ : Interview (\$

Photos

☐ : Tech. Insp (\$

Other:

☐ : W/Weekend (\$

TOTAL

Report Filed:

Long Cond / MPB: