

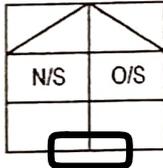
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s HONG MOTOR
 of _____
 Insured: GBL 427R
 Policy No. DMCVSNA00004742201
 Claims No. SNM22D207677/C02/TANCHC
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMK1010C Yr Regn: 2019
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI AD AVANTE 1.6 c.c 1591
 Colour WHITE A/C: Insured / Std / NI / NA
 Sp.Reading 69934 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHD841CMKU883499*
 Gen. Cond Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/R or _____
 Tyre Size: F: 205/55R16
 R: //

(Policy Condition)



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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 L/Bal. 6 mm D.O.A. 26/10/22 D.O.I. 28-10-2022
 Survey held at W/S 12PM
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Bal. or Market Value: \$ _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

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

| Date / Time | Action / Instruction |
|-------------|--|
| | \$6000 - \$7000 |
| | GIA give later |
| 2/11/22 | Submit PRS, repair range \$6,000-\$7,000 |

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 6
 Resurvey No. of Trip: _____

1) _____
 Date/Time, File Return to? 2/11/22-typist

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : Wheel end (\$ _____)

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| 3 + RS. SI | |
| Photos | |
| Other: | |
| TOTAL | |

Report Filed: _____
 Long Copy / MP: _____