

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 JL AUTO

of

Insured: SLT 6988M

Policy No.

Claims No. M11D00042211

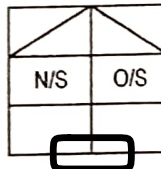
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: \$68k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: GBJ3940R

Yr Regn: 09 Apr/2019

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

Truck / Trailer or

Make: TOYOTA HIACE c.c. 2982

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 141450 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P500248398 *

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ Inorder / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15

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. 16/10/2022 D.O.I. 07-11-2022

Survey held at W/S 3PM

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

\$4000 - \$5000

8/11/22 Submit PRS, repair range \$4,000-\$5,000

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 8/11/22-typist

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : W/Weekend (\$

\$ + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Copy/MPB: