ASS. REC. BY: Steve

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. _____

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: _____

IDAC Accident Rport: _____ 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

Veh No: **SMH.486J** Yr Regn: **25/10/2010**

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: **BMW 318i** c.c **1995**

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

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

Eng/No: _____

C/No: **WBAPF720X0A-794046**

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: **215/45R17**

R: **''**

	N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Continental**

Front		Rear	
R/Bal. **4** mm		R/Bal. **4** mm	
L/Bal. **4** mm		L/Bal. **4** mm	
D.O.A.		D.O.I. **21/9/22**	

Survey held at **Master Car**

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Front RH

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

Date / Time	Action / Instruction
	No GIA report
	04/11/22 submit PRS
	29/11/22 submit lump sum: $4,950 and 6 days (red, 450, 8%)

Date/Time, File Pass to? ☐ : Preli. Report **6**
☐ : Final Report

~~04/11/22~~

Date/Time, File Return to?
2) _____

Report Format: ~~PRS~~ _____

Lump Sum / I.D.I. ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee: _____
Transportation: _____
S + RS. ___ SI
Photos
Others

TOTAL