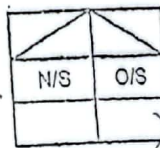


ASSIGNMENT

PRR
 Front: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **SHC 7393J**
 Policy No. _____
 Claims No. **S2M04C3L**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Bas. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ 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: **SFT 3694** Yr Regn: **18/7/19**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Honda Freed** c.c. **1496**
 Colour: **Black** A/C: Insured / Std / Nil / NA
 Sp. Reading **41033** T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: **GB710 84187**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **185/55R15**
 R: _____

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

Front Rear
 R/Bal. **4** mm R/Bal. **4** mm
 L/Bal. **4** mm L/Bal. **4** mm
 D.O.A. **30/9/22** D.O.I. **4/10/22**
 Survey held at **Lay Auto**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear RH

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

Date / Time	Action / Instruction
	MV-109K Repair range 4K-5K 8 days
21/10/22	Submit PRR, repair range \$4,000-\$5,000

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **8**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Date/Time, File Return to?

☐ : Final Report

Add Fee:

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

\$ + RS \$ _____

Price

Others

TOTAL

Report Format: _____

Lump Sum / L.B.E. (\$) _____