

ASS. REC. BY: **Steve**

REF:

SMRT CS/SMR24100478/Enp3e2 (SME 381U)

**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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: **SME381U** Yr Regn: **17 Sep 2018**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: **MERCEDES BENZ E250** c.c. **1991**Colour **Blue** A/C: **Insured / Std / NI / NA**Sp. Reading **154556** T/Radio: **Insured / Std / NI / NA**

Eng/No: \_\_\_\_\_

C/No: **WDD2130452A497141**Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: **245/40R19**R: **275/35R19**

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

TOYO / YOKO or **PIRELLI**Front RearR/Bal. **6** mm R/Bal. **6** mmL/Bal. **6** mm L/Bal. **6** mmD.O.A. **25/10/24** D.O.I. **28/10/24**Survey held at **GMA Automotive Services**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
	<b>MV - \$120k</b>
	<b>Repair range \$7k - \$8k</b>
	<b>6 days</b>
	<b>Steve confirmed lump sum \$8100 and 6 days</b>
	<b>(red, \$24886.41, 75%)</b>

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **6**

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

Survey Fee:

2)

Transportation:

Report Format: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

S + RS. SI

☐ : Interview (\$ \_\_\_\_\_)

Photos

☐ : Tech. Invs (\$ \_\_\_\_\_)

Others

☐ : Weekend (\$ \_\_\_\_\_)

TOTAL

Lump Sum / LB: (\$ \_\_\_\_\_)