

ASS. REC. BY:

REF:

CS3/ASM20007200/R19f3

COG XPR 24.2023/04

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBB 2592K

at Workshop m/s MILLION AUTO

of No. 4, Pawan Place #01-12

Insured: AXA

Policy No. _____

Claims No. _____

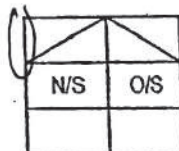
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 17K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 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: GBB 2592K

Yr Regn: 2008 / OCT

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

Truck / Trailer or

Make: MITSUBISHI FB70BB13RDE c.c. 2477

Colour: WHITE

A/C: Insured / Std / NI / NA

Sp. Reading: 53747

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FB70BBA10621

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195R15L

R: _____

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

TOYO / YOKO or A-PLUS

Front

Rear

R/Bal. 7 mm

R/Bal. 7/7 mm

L/Bal. 7 mm

L/Bal. 7/7 mm

D.O.A. 08/07/2020

D.O.A. 13/07/2020

Survey held at MILLION AUTO

2.24pm

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

N/S FR

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

Date / Time	Action / Instruction
16/07/20@10.43am	revised to Ms Khor Saw Theng via Smart Claim.
	ESTIMATE REPAIR RANGE - 2K-3K / 4 days
16/07/20	Submit PRS.
	Dismantle: 14/07/2020

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1) 16/07 Typist

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: Smart Claims - PRS

Lump Sum / I.B.B. (\$) _____)