

ASS. REC. BY:

Sten

REF:

CS3/ASM 20010781/Eqf3

ASSIGNMENT

PRS

From:

Date:

Estimated Cost:

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

SOM02UZZB

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: 55K

DAC Accident Report: Consistent? : Yes or No

SIA / 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMK 9996E

Yr Regn:

28/1/16

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

Truck / Trailer or

Make:

Volkswagon Golf

c.c. 1395

Colour:

Blk

A/C: Insured / Std / NI / NA

Sp. Reading:

82694

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW 222A4ZFV358207

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / SRI / STD A/Rlm or

Tyre Size:

F:

225/45 R17

R:

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

3/10/20

D.O.I.

7/10/20

Survey held at

Miracle Motors

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

Front LH

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV- 8K
SS

Repair range 7K-8K
6 repair days

08/10/20 @ 12.22pm revised to Yvonne Ang via smart claims.

08/10/20 Submit PRS.

Date/Time, File Pass to?

☐

: Prel. Report

08/10 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS. \$

Fines

Others

TOTAL

Rep. Form: SMART CLAIMS -PRS

Lump Sum / L&L: