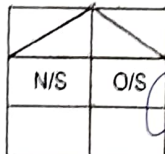


ASSIGNMENT

CS3/ASM20013659/Gqf3

PPS

From _____ Date _____
 Estimated Cost _____
 OD (TP / WS / TP RES / OD RES / EVA / INV / MV)
 To Inspect Vehicle No: _____
 at Workshop m/s Express Car
 of _____
 Insured: _____
 Policy No. _____
 Claims No SOM02YMM
 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: \$85k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 3 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: SME 61555 rr Regn: 08 Oct 2018
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Freed 1.5G 1496 c.c.
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp Reading: 235264 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GB71072225
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SRim / STD A/Rim or
 Tyre Size: F: 185/65R15
 R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 10-12-20
 Survey held at w/s
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>COG: 37288</u>
	<u>\$2000 - \$3000</u>
14/12/20 @ 12.12pm	revised to Khor Saw Theng via Smart Claims.
14/12/20	Submit PPS.

Date/Time. File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

14/12 Typist

Date/Time. File Return to?

Add Fee: ☐ Site Insp (\$
☐ Interview (\$
☐ Photo (\$
☐ Other (\$

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Other

SMART CLAIMS -PPS