ASS. Rec. By: GQ | REF: CS3/ASM20008152/Gqf3-1

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s GARAGE 13

of

Insured:

Policy No.

Claims No. S0M02RFC

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: $17k

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGX 8886Z Yr Regn: 09 Feb/2011

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

Make: VOLKSWAGEN NEW GOLF 1.4 c.c 1390

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 168669 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVWZZZ1KZBW163929 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R17

R: 225/45R17

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.	07-08-2020

Survey held at W/S 11:30

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

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

Date / Time	Action / Instruction
	$1000 - $2000
	COE: $14971
12/08/20@12.14pm	revised to Lynn Khong via Smart Claim.
12/08/20	Submit PRS.
	Submit LS $1650, 4 days (Red $1950, 54%)

Date/Time, File Pass to?

1) 29/12 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS.___ St

Photos

Others

TOTAL

Report Format: SMART CLAIMS

Lump Sum / NCB: %