

cul.
PRS

CS3/ASM 200146421/69d3

9

(-2022)

ASSIGNMENT

FU 8075A

Regd: 17 Apr 2002

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s

Toh Motor

Insured:

Policy No:

Claims No:

Insured:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

DAC Accident Report:

StA / PR Seen:

Est. Repairs:

Sum Sum:

SA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

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

Truck / Trailer or

Make:

Colour:

Sp Reading

Eng/No

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal

D.O.A.

Survey held at

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

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

C.C. 133

A/C: Insured / Std / NI / NA

T/Radio: Insured / Std / NI / NA

EMC 264234

80/80 - 18

80/80 - 18

Rear

R/Bal.

L/Bal

D.O.I.

29-12-20

w/s

2:30pm



Date / Time

Action / Instruction

006: 349

\$2000 - \$3000

30/12/2021 11:30am revised to Yvonne Ang via Smart Claims.

Submit PRS.

Date/Time. File Pass to?

30/12 11:30am

Date/Time. File Return to?

☐: Preli. Report

☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

Site Insp (\$

Interview (\$

Photo (\$

Report (\$

Survey Fee:

Transportation:

2 - PS \$1

Phone:

Other:

Smart Claims