Assigned by: EBQ PRS

SMO

# ASSIGNMENT

Date:

Estimated Cost:

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

Inspect Vehicle No:

Workshop m/s: Assure Auto

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess

(Client's Record)

Make of Veh:

(Policy Condition)

| N/S | O/S |
|---|---|
| | |

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

Total or Market Value:

DAC Accident Report: Consistent? Yes or No

SIA / PR Seen: Consistent? Yes or No

Est. Repairs: 5 days Res: Yes or No

Sum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: Person Contacted:

Veh No.: SGN2122L Reg. Exp: 09 Jan 2019

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

Make: Audi A4 2.0 cc 1984

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

Sp Reading: 36336 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WAUZZZ8F41KN003021

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: 245/40ZR18

R: "

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

| Front | | Rear | |
|---|---|---|---|
| R/Bal | 7 mm | R/Bal | 7 mm |
| L/Bal | 7 mm | L/Bal | 7 mm |
| D.O.A | | D.O.I | 21-01-21 |

Survey held at: W/S 4pm

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

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

| Date / Time | Action / Instruction |
|---|---|
| | $4000 – $5000 RANGE |
| | SUBMIT PRS REPORT |

Date/Time File Pass to:

By:

Date/Time File Return to:

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ Site Insp. (S$)

☐ Interview (S$)

☐ Other

Survey Fee:

Transportation: