

ASS. REC. BY:

Steve

CS3/ASM 2100 4347 / Egc

## ASSIGNMENT

PRS

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

S1M034XS

Sum Insured:

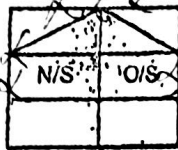
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBH 4775A

Yr Regn:

2/7/13

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

Truck / Trailer or

Make:

Yamaha

c.c.

150

Colour:

White

A/C:

Insured / Std / NI / N

Sp. Reading

11/A

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

METICK 055 02705930

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

119/70ZR17

R:

150/60ZR17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

30/1/21

D.O.A.

7/4/21

Survey held at

Friendship Motor

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

MV \$3500

Repair range \$3500 - \$4000

5 repair days

26/04/21 @ 3.59pm revised to Dominic Yu via Smart Claims.

26/04/21 Submit PRS

Date/Time, File, Pass to?



: Prel. Report

26/04 Typist



: Final Report

Date/Time, File Return to?

Approved: SMART CLAIMS - PRS

Imp Sum / L.F. / %

Days Of Repair:

5

Resurvey No. of Trip:

2

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Inve

(\$



: Weekend

(\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL