

ASS. REC. BY:

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SLT 4781E

at Workshop m/s: Mirage Motorwerks

Insured:

SFB 7222Z

Policy No.

Claims No.

S1M038YU

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:

\$74K

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

6

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLT 4781E

Yr Regn:

300012017

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

Truck / Trailer or

Make:

Mazda

5.2.0 c.c

1998

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

308078

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

IM6CW1071H0127377

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:

205/55R16

R:

17

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.

28-04-21

Survey held at

W/S

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

GIA give later

\$7000 - \$8000

rebate = 45416

29/4/2021 Submit PRS.

Date/Time, File Pass to?

☐

Preli. Report

1) 29/4 TYPIST

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Misc (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Project Format Smart Claim - PRS

Project Name / Location