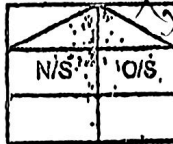


ASS. REQ. BY: Steve CS3/ASM21205518/ERC

ASSIGNMENT

From: PRS Date: _____
Estimated Cost: _____
OD: TP/WS/TP RES/OD RES/EVA/INV/MV
To Inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SJE 6339P
Policy No. _____
Claims No. S1M03A2P
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: _____ 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: SGS12385 Yr Regn: 31/1/18
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: BMW 520i c.c. 1998
Colour: grey A/C: Insured / Std / NI / N
Sp. Reading: 24683 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: WBAJA 12070019136
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / SRM / STD A/Rim or
Tyre Size: F: 245/45 R18
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Pirelli
Front
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 14/5/21 D.O.I. 14/5/21
Survey held at Eng Soon 6-00pm
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
F1 RH
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-145K</u> <u>repair range 13K - 14K</u>
	<u>6 repair days</u>
<u>18/5/21</u>	<u>Submit PRS, repair range \$13,000-\$14,000</u>

ale/Time, File, Poss to? ☐ : Prel. Report
☐ : Final Report

Days Of Repair: 6
Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ + RS \$1	
Phone	
Others	
TOTAL	

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Inve (%) _____
☐ : Wheel and (%) _____

18/5/21-Typist
Smart Claim
18/5/21