

ASS. REC. BY: **612**
PRS

CS3/SMO21002863/GKtf3 -1

SMO

ASSIGNMENT

(-2023)

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.

Sum Insured:

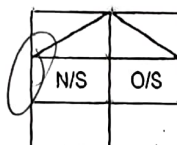
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SD7614T

Yr Regn:

01 Apr 2008

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

Truck / Trailer or

Make:

Honda crossroad

1793

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

224300

T/Radio:

Insured / Std / NI / NA

Eng/No:

RT11005042

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 / Rim or

Tyre Size:

F: 215/65R16

R:

L2

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.

w/s

D.O.I.

03-03-21

Survey held at

w/s

3pm

Des. of Damages:

Frt / Rear / O/S / N/S / UIC / Rooftop or

The **UIC** Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

col: 9338

\$4000 - \$5000

**SUBMIT LUMP SUM \$5600, 5DAYS
RED:650;10%**

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Other (\$)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other

Total

Report Form

PRS

Lump Sum / M/s