

ASS. REC. BY:

614
PRS

CS3/SMO21002863/GKtf3

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

SZE 1camp

of

Insured:

Policy No.

Claims No.

Sum Insured:

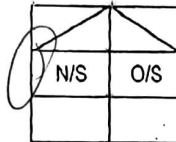
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$23K

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJD7614T

Yr Regn:

01 Apr 2008

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

Truck / Trailer or

Make:

Honda crossroad

118

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 A/Rim or

Tyre Size:

F: 215/65R16

R:

12

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.

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 (REPAIR RANGE)

SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Valuation (\$

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Other:

Printed:

Report Form:

PRS

Final Sum / UIC: