

A.S.S. REC. BY: Taylor

REF:

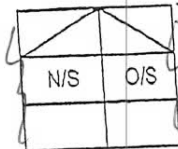
CS 3/ASM 21006234/TiqC.

## ASSIGNMENT

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. **S1M03AIY**  
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: 411K.

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 6 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: FBP9527E Yr Regn: 2019 July  
Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Yamaha Aerox 155 C.C. 155  
Colour: Grey A/C: Insured / Std / NI / NA  
Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: M H35G4640KJ058264  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
Modi: NI / S/Rim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 110/80R14  
R: 140/70R14  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm  
D.O.A. \_\_\_\_\_ D.O.I. 31/5/21 @ 130pm  
Survey held at GP Motoring  
Des. of Damages: Frt / Rear / O/S / NI / U/C / Rooftop or \_\_\_\_\_

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

02/06/21 @ 2.53pm revised to Dominic Yu via Smart Claims.

02/06/21 Submit PRS.

Date/Time, File Pass to?

1) 02/06 Typist

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report☐ : Final ReportDays Of Repair: 6

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

Report Form: **SMART CLAIMS- PRS**

Lump Sum / L.B. / C. \_\_\_\_\_