

ASSIGNMENT

Estimated Cost

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

Inspect Vehicle No.

Workshop n/s

Insured

Policy No.

Claims No

SNM21D203540/C02

Insured

Excess

(Client's Record)

Make of Veh:

(Policy Condition)

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

Actual or Market Value:

\$46K

JAC Accident Report

Consistent? Yes or No

JIA / PR Seen:

Consistent? Yes or No

Est. Repairs:

8

days

Res: Yes or No

Comp Sum:

20

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date

Person Contacted

Vehicle: IN / OUT

Date / Time

Action / Instruction

\$7000 - \$8000

Rebate: 31/3/17

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

Days Of Repair:

8

Resurvey No. of Trip:

Addl Fees:



Site Insp: US



Interview: US



Estimate: US



Other: US

Survey Fee:

Transportation

Date of Fee Paid

Signature

Stamp

MER-PRS

SMR 2765 18 Sep 2007

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

Truck / Trailer or

Make

Toyota Harrier cc 2362

Colour

Silver

A/C Insured / Std / NI / NA

Sp Reading

24844

T/Radio Insured / Std / NI / NA

Eng/No.

ACU300071947

C/No:

Gen Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: Nil / S/Rim / STD ☒ Rim or

Tyre Size:

F:

225/65 R17

R:

11

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.

28-06-21

Survey held at

W/S

2pm

Des. of Damages: ☒ Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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