

ASS. REC. BY:

Steve

CS3/EQ121007508/Evf3

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

OD / TP / W3 / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SLZ 9633K

Policy No.

Claims No. DM21HO00971-JG

Sum Insured:

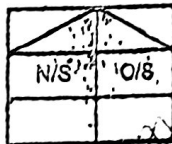
Excess:

(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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMQ 8648K

Yr Regn:

2015

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

Truck / Trailer or

Make:

Honda

c.c.

1496

Colour:

white

A/C:

Insured / Std / NI / N

Sp. Reading

154415

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

R41 - 1701446

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Knocker / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

U/Bal.

5

mm

U/Bal.

5

mm

D.O.A. 6/7/21

D.O.A.

12/7/21

Survey held at

MTM

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Rear R41

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

Date / Time

Action / Instruction

13/7/21 Submit PRS, repair range \$3,000-\$4,000

Date/Time, File, Pass to:



: Prel. Report



: Final Report

Date/Time, File Return to:

13/7/21-Typist

Days Of Repair: 8

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Phone

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$



Weekend (\$