ASS. REQ. BY: Steve REPT CS3/ASM21010734/Eqy3

ASSIGNMENT

From: PRS Date:

Estimated Cost:

OD / (TP) / WS / TP RES / OD-RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No. S1M03K0M

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S | O/S

Rel. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FW9236K Yr Regn: 7/7/03

Type: M.Car / (M.Cycle) / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Yamaha RXZ c.c 135

Colour: White A/C: Insured / Std / Nil / N

Sp. Reading 1963 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: PMYSPVL00B000 3418

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (In order) / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Modi: Nil / (S/Rim) / STD A/Rim or

Tyre Size: Ft: 2.75-18

R: 3.00-18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / (PIR) / SUMI / TOYO / YOKO or

Front R/Bal. 3 mm U/Bal. mm

Rear R/Bal. 3 mm U/Bal. mm

D.O.A. 14/10/21 D.O.I. 19/10/21

Survey held at Friendship Mtr

Des. of Damages (Frt) / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	MV - 2800 repair range 1K - 2K 3 days

19/10/21@5.28pm revised to Yvonne Ang via Smart Claims.

19/10/21 Submit PRS.

Date/Time, File Pass to: [ ] : Prell. Report

19/10 Typist [ ] : Final Report

Date/Time, File Return to:

Days Of Repair: 3

Resurvey No. of Trips:

Add Fee: [ ] : Site Insp ($)
[ ] : Interview ($)
[ ] : Tech. Inve ($)
[ ] : Weekend ($)

Survey Fee:
Transportation:
$ PRS $
Photos
Others
TOTAL

Report Format: SMART CLAIMS - PRS

Lump Sum / LP. Info

Scanned with CamScanner