

ASS. REQ. BY

Steve

CS3/ASM21010734/Eq. 3

## ASSIGNMENT

From:

PRS

Date:

Veh No:

FW9236K

Yr Regn:

7/7/13

Estimated Cost:

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

Truck / Trailer or

OR: TRAVEL/RES/OD-RES/ EVAL/INV/INV

To inspect Vehicle No:

Make:

Yamaha RX2-

CB 135

at Workshop m/s

Colour:

White

A/O: Insured / Std / NI / N

at

Sp. Reading

1963

TIRadio: Insured / Std / NI / N

Insured:

Eng/No:

Policy No.

C/Nr:

PMX SPV1 000000 3418

Claims No.

S1M03K0M

Gen. Condi: Good (Full) / Poor / Bump

Sum Insured:

Excess:

(Client's Record)

Steering: In order / Jammed / Locked / Burnt or

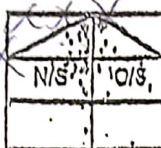
Brake: In order / Jammed / Locked / Burnt or

Make of Veh:

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

(Policy Condition)

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



Tyre Size:

F: 2.75-18

R: 3.00-18

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / SUMI /

TOYO / YOKO or

Del. or Market Value:

Front

Rear

IDAC Accident Report

Consistent? : Yes or No

R/Bal.

3

mm

R/Bal.

3

mm

BIA / PR Sent

Consistent? : Yes or No

L/Bal.

mm

U/Bal.

mm

Est. Repair:

3 days

Res.: Yes or No

D.O.A.

14/10/21

D.O.A.

19/10/21

Cum Sum:

%

3 Val.: Yes or No

Survey held at

Friendship Motor

CA / REV / REP. / 24 HRS

Des. of Damages: FR / Rear / O/S / N/S / U/C / Roof/Top or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

MK-28.00

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 No.

☐

Prell. Report

Days Of Repair:

3

19/10 Typist

☐

Final Report

Resurvey No. of Trips

Survey Fee:

Transportation:

Date/Time, File, Pass No.

Add Fee:

☐

Site Insp (\$

\$ + RS, St

☐

Interview (\$

Functa

☐

Tech. Inva (\$

Quere

☐

V/Veol/vel (\$

V/Veol

19/10/21: SMART CLAIMS - PRS

19/10/21: SMART CLAIMS - PRS