REC'D / FILED BY: GQ | REF: CS3/ASM21011568/Gqy3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / N/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s TAN ENG HUAT MOTOR

of

Insured:

Policy No.

Claims No. S1M03LXN

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

Bal. or Market Value: $43k

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBG1997G Yr Regn: 23 Jun 2017

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

Make: NISSAN NV350 c.c 2488

Colour Brown A/C: Insured / Std / NI / NA

Sp.Reading 263602 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JN1MC2E26Z0008209 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/R15

R: 195/R15

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.	16-11-2021

Survey held at W/S 10:40PM

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
	$500 - $1000
22/11/21@1.54pm revised to Yvonne Ang via Smart Claims.	
22/11/21	Submit PRS.

Date/Time, File Pass to? 1) 22/11 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format: SMART CLAIMS - PRS

Lump Sum / UPD: %

Survey Fee:

Transportation:

___S + RS___SI

Photos

Other:

TOTAL