ASS'T REC. BY: GQ | REF: CS3/ASM22001227/Gqy3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s A T PERFORMANCE

of

Insured:

Policy No.

Claims No. S2M03RYR

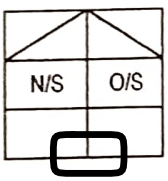
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value: $4000

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: GBC3825C Yr Regn: 24 Feb 2012

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

Make: Toyota Hiace c.c 2982

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

Sp.Reading 319115 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTFHT02P700085270 *

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: 195R15

R: //

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 24-01-2022 D.O.I. 09-02-2022

Survey held at W/S 3PM

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
	$4000 - $5000
	Total Rebate Amount $149
	14/02/22@11.56am revised to Stacey Ng via Smart Claims.
	14/02/22 Submit PRS.

Date/Time, File Pass to?

1) 14/02 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Report Format: SMART CLAIMS - PRS

Lump Sum / Item:

Survey Fee:	
Transportation:	
___$ + RS.___St	
Photos	
Others	
TOTAL	