

ASS. REC. BY:

Steve

REF:

CS3/ASM 22002098/Eq. y31

ASSIGNMENT

PRS

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

S2M03UZ7

Sum Insured:

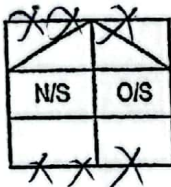
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

9

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SJA 5751J

Yr Regn:

13/12/07

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

Truck / Trailer or

Make: Toyota Wish

c.c. 1794

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

253099

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

2NE 100375450

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or .

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

4/3/22

D.O.I.

8/3/22

Survey held at

Master Car

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- 7K

Repair range ~~5K-6K~~ \$7K-\$8K
9 days

08/03/22 @ 3.25pm revised to Cynthia Loh via Smart Claims.

08/03/22 Submit PRS.

Date/Time, File Pass to?



: Prel. Report



: Final Report

1) 10/03 Typist

Date/Time, File Return to?

2)

Days Of Repair:

9

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Report Format: SMART CLAIMS - PRS

Lump Sum / L.B.F. (\$