

ASS. REC. BY: Steve

REF: CS3/ASM22002344/EgyB

PRS

ASSIGNMENT

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. S2M03V9Z

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
XX	

Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLS 4797R Yr Regn: 26/9/17

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

Truck / Trailer or

Make: Mercedes-Benz A180 c.c. 1597

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

Sp. Reading 45588 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD17604720672700

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 225/40 ZR18

R: 17

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. 7/3/22 D.O.I. 15/3/22

Survey held at Smile Auto

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
	<u>MV-97K</u> <u>Repair range - 2K - 3K</u>
	<u>3 repair days</u>
16/03/22 @ 4.36pm	revised to Chan Kian Chuan via Smart Claims.
16/03/22	Submit PRS.

Date/Time, File Pass to?

☐ : Prell. Report

1) 16/03 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Workshop (\$ _____)

Report Format: SMART CLAIMS - PRS

Lump Sum / I.B.I: (\$ _____)