ASS. REC. BY: STEVE 1 CS3/ASN	122004564/Egc 1
PRS	Veh No: SME 7611K Yr Regn: 16/10/18
From! Date:	Type: M.Cap/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD /TP) WS I TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Subaru robster c.c 1995
	Colour Red A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading 55843 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
	CNO: JF18J5KC5J6117596.
Policy No	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jainmed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nii / S/Rim / STD A/Rim or
make of voice	Tyre Size: F:
	R: //
(Policy Condition)  Remark: The veh had commenced its N/S O/S	BS I DUN I EXNOVA I GY I FS I LIZA IMIC I OHTSU I PIR I SUMI I
repair at the time of inspection.	TOYO / YOKO or ·
1XXXX	Front Rear
Bal. or Market Value:  UDAC Accident Rood: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5 mm
One details of the series	L/Bal. 5 mm L/Bal. 5 . mm
GIA / FR Geen.	D.O.A. 26/1/22 D.O.I. 18/5/24
Est Repairs: days Res.: Yes or No	Survey held at
Lum Sum: % · 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA   REV   REP.   24 HRS	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
NIL-GIV Repair	r runge 2K-3K
1/1/	3 days
19/05/22@2.45pm revised to Ms Khor via Smart Claims.	
19/05/22 Submit PRS.	
Osle/Time, File Pass to? : Prell. Report	Days Of Repair: 3
1) 19/05 Typist : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add	Fee:: Site Insp (\$)s +Rssi
	:Interview (\$) Photos
Reper Formet: SMART CLAIMS - PRS	:Tech, Invs (\$) Others
Lump Sum / LB.E. (%)	: Weel: and (%
	YOTAL