

Stere

CS3/ASM 22004751/E9C

## 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.

S2M040ZL

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:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

FBR58654

Yr Regn:

13/8/20

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

Truck / Trailer or

Make:

Yamaha Aerox

c.c

155

Colour

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

N/A

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MH3S04640L3067514

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

80/90-14

R:

80/90-14

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

6/5/22

D.O.I.

20/5/22

Survey held at

MI

Des. of Damages: Frt / Rear / Q/S / (N/S) / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MR-12K

Repair range - 2K-3K  
3 days

20/05/22 @ 4.31pm revised to Yvonne Ang via Smart Claims.

20/05/22 Submit PRS.

Date/Time, File Pass to?



: Preli. Report

1) 20/05 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: SMART CLAIMS - PRS

Lump Sum / B.B. (\$