

ASS. REC. BY:

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. 52M0414R

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SMM9686P Yr Regn: July / 2019

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

Truck / Trailer or _____

Make: Toyota Alphard c.c. 2493

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

Sp. Reading: 51824 T/Radio: Insured / Std / NI / NA

Eng/No: 2ARJ258227

C/No: AGH300240594

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: 235/50 R18

R: ---

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

TOYO / YOKO or Bridgestone

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 12/05/2022 D.O.I. 17/06/2022

Survey held at Hian Heng Painter Sun Ming

Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or _____

ops R

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

Date / Time	Action / Instruction
	AXA PRS 8HC895
<u>23/6/22</u>	Submit PRS. <u>Rev bumper ✓ 1217.40</u>
	MV 220K <u>Rev Repair wheel rim ✓ 1200.00</u>
	VIA 73.1K <u>Rev right fender R</u>
	HL 146.9K
	Repair range 2500 - 2800
	underridge not consistent as vehicle was continued to be driven for more than a month after accident till date of survey.
<u>23/6/2022</u>	no reason revised to know said than via smart claims -

Date/Time, File Pass to? : Preli. Report

1) 23/6/2022 : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS, SI _____

Photos _____

Others _____

TOTAL _____

Report Format: Smart Claims - PRS

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