ASS. REC. BY: TGYin | REF: CS3/ASM2101269I/Bqy3 | Shian Chan

ASSIGNMENT

From: _____ Date: 15/12/2021

Estimated Cost: _____

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

To Inspect Vehicle No: GBK 3854

at Workshop m/s Wah Yu Auto

of 176 Sin Ming Dr #05-09

Insured: _____

Policy No. _____

Claims No. S1M03OFC

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: 70,000/-

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBK 3854 Yr Regn: 25/11/2019

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

Truck / Trailer or _____

Make: Daehatsu Dyna 150MT c.c 2982

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

Sp.Reading 53810 T/Radio: Insured / Std / NI / NA

Eng/No: 1KD2867801

C/No: JTFAT35Y30K214455

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: 195/15

R: 155/12

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.	13/12/2021	D.O.I.	15/12/2021

Survey held at Wah Yu 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
	Range 6.0 mm - 7.0 mm
	24/01/22@11.07am revised to Derrick Ong via Smart Claims.
	Survey photos taken on Wed 15/12/2021 @ 11:50:24 AM
	Resurvey photos taken on Thurs 16/12/2021 @ 12:21:34 PM.
	24/01/22 Submit PRS.
	MV 70,000/-
	PV 17837/-
	NV 52,163/-
	Tricia Tan 21/1/2022

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

1) 24/01 Typist ☐ : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ 1)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ 1)

☐ : Weekend ($ _____)

Report Format: SMART CLAIMS - PRS

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

Survey Fee:	
Transportation:	
$ + RS. $	
Photos	
Others	
TOTAL	