

ASS. REC. BY: Taufik

REF:

CS3/LPC 22004291/TVY3

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: SBN 8226R

Policy No. _____

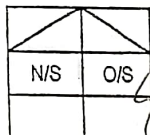
Claims No. 22/22/22/VP05/025757

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

inf' PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMZ8601y Yr Regn: 10 / 2018Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Flonda Vezel C.C. 1496Colour: white A/C: Insured / Std / NI / NASp. Reading: 77968 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU312 * 60493

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: _____

R: _____

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 4/5/2022

Survey held at

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 10/5/2204pm.SG Auto

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

Date / Time	Action / Instruction
	<u>No GIA, only Police Report, uploaded in Views.</u>
	<u>Repair Range: \$3000-\$4000, 4 days.</u>
18/5/22	Submit PRS

Date/Time, File Pass to?

☐

: Prel. Report

1) _____

☐

: Final Report

Date/Time, File Return to?

2) 18/5/22-typist

Report Format: _____

Lump Sum / L.B.A. (\$) _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS _____ SI

Photos

Others

TOTAL