

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. **S2M0482C**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SKW 4607Y** Yr Regn: **30/6/15**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Subaru Forester** c.c. **1998**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **73107** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JP1SJ6K85FG058663**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **215/55R16**
 R: **11**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. **4** mm R/Bal. **4** mm
 L/Bal. **6** mm L/Bal. **4** mm
 D.O.A. **1/8/22** **Alpha** D.O.I. **4/8/22**
 Survey held at _____
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

(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: **3** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S
XXX	

Date / Time	Action / Instruction
	MY-59K Repair range 1K-2K 3 days
05/08/22 @ 6.17pm	revised to Kitty Teo via Smart Claims.
05/08/22	Submit PRS.

Date/Time, File Pass to? : Prell. Report
 05/08 TYPIST : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: **3**
 Resurvey No. of Trip: **1**
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
 S + RS. SI _____
 Photos _____
 Others _____
 TOTAL _____

Report Format: **SMART CLAIMS - PRS**
 Lump Sum / L.S. (\$) _____