

ASS. REC. BY:

62.
PRS

REF:

CS3/AG20005002/Gtf3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

DC's Automotive

of

Insured:

Policy No.

Claims No.

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:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLG520L

Yr Regn:

19 sep 2016

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

Truck / Trailer or

Make:

Mazda 3 1.5

C.C

1496

Colour

Red

A/C: Insured / Std / NI / NA

Sp. Reading

98233

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

IM6BM42A8G0343624

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

07-04-20

Survey held at

w/s

3:30pm

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

O/S Rear

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

Date / Time

Action / Instruction

Submit DAR Report

Date/Time, File Pass to?



: Preli. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: