

CS3/AIG19022122/Qyf3-1

22000000

ASS. REC. BY:

REF:

CS/AIG19022122/Qyf3-1

Instruction:

Surveyor:

Kathlyn Cheek

ASSIGNMENT (Office)

09/09/2020

From (Person):

of

ALG

Date/Time:

Estimated Cost:

Bill to:

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

To inspect Vehicle No:

SLJ 6457G

Insured:

GBD 9043Y

at Workshop in/s

MS CAR AUTO

Tel:

6385 1838 June.

of

8 KAKI BUKIT AVE 4 #01-07 PREVIEW @ KAKI BUKIT

Policy No:

1800073282

Claim No:

5731039988SG

Sum Insured:

Excess:

Make of Vch:

(Client's Record)

D.O.A.

11/12/19

CA / REV / REP. / REV 24 HRS

Date/Time:

16/12/19 @ 4.40pm

Person Contacted:

Jane

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction
	SLJ 6457G-X
	GBD 9043Y-X
	Dismantle: 17/12/2019
	after part 20/12/19

* Noted

views open

Non upheld

after part photo

parting upheld

From: _____ Date: 17/12/19
 Estimated Cost: _____
 OD (TP) WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SLJ 6457G
 at Workshop m/s MS Car
 of No. 8 Kaki Bukit Ave 4 #01-07
 Insured: Premier @ Kaki Bukit
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

before 11a
 (Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLJ 6457G Regn: 17/12/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: T. A145 cc 1598
 Colour: blue AG: Insured / Std / NI / NA
 Sp. Reading: 57144km T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: MRO53REH1045 62335
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215 / 45 / R17
 R: 215 / 45 / R17
 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: 4 mm L/Bal: 4 mm
 D.O.A: 11/12/19 D.O.I: 17/12/19
 Survey held at _____
 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
	DAR - 10h Days → 5 day
	mv - 62000 pv - 48596 nl - 13400
	6/2/20 Submit DAR
	RECEIVED 6 FEB 2020

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

6/2/20 Typist

Report Format: DAR
 Long Sum / Etc: _____

Days Of Repair: 5
 Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Ins. (\$) ☐ Wheel and. (\$)

Survey Fee	180
Transportation	
Other	11
Total	191