

ASS. REC. BY:

Steve

REF:

CS3/ICA20009978/Etf3

PRS

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.

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLB 3011X

Yr Regn:

31/3/16

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

Truck / Trailer or

Make:

Mazda 5

c.c.

1998

Colour:

Red

A/C:

Insured / Std / NI / NA

Sp. Reading

190063

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM16CW 107169123230

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195/55R15

R:

11

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.

12/9/20

D.O.I.

17/9/20

Survey held at

Car Smith

11.59am

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

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

Date / Time

Action / Instruction

MV-59K

SUBMIT DAR REPORT

LUMP SUM \$18500,14DAYS

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 14

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Forms:

Lump Sum / U.C. /