

ASS. REC. BY:

Steve

REF:

CS3/AIG 20012146/Eg f3

ASSIGNMENT

From:

PRS

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.

2100203385

Claims No.

1453599230SG

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:

4

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SFZ 8736 A

Yr Regn: 29/09/2015

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

Truck / Trailer or

Make:

BMW 218i

c.c 1499

Colour:

Black

A/C: Insured / Std / NI / N

Sp. Reading

110592

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

WBA2A32040V458838

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

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.

5/11/20

D.O.I.

6/11/20

Survey held at

299m Autmark2

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

No GIA report
Submit DAR.

Date/Time, File Pass to?

☐

: Prel. Report

12/11 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

S + RS, SI

Photos

Others

TOTAL

Prop. Form:

MER-DAR

Comp. Form / U/C