

ed
PRS

9

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Jementah Motor
 of _____
 Insured: _____
 Policy No. _____
 Claims No. 2295463896SG
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMC2826B (Regn) 16 Jun 2018
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: KIA carens cc 1685
 Colour: Red A/C: Insured / Std / NI / NA
 Sp Reading: 46114 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNAHU 815V-I 720 8252
 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: 225/45 R17
 R: 11

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

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 16-12-20
 Survey held at w/s 12:45 pm
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
w/s Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: \$81K
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>GIA give later</u>
<u>18/12/20</u>	<u>Submit DAR</u>

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

Days Of Repair: 4
 Resurvey No. of Trip: 1

1) 18/12 Typist
 Date/Time, File Return to?

Addl Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Insp (\$)
 : Wash (\$)

Survey Fee: _____
 Transportation: _____
 3 + RS. SI _____
 Photos _____

MER-DAR