

ASSIGNMENT

Estimated Cost:
 1/TP/WS/TP RES/OD RES/EVA/INV/MV

Inspect Vehicle No.

Workshop m/s *Cane Motor*

Insured:

Policy No. 1900110789

Claims No. 2175027578SG

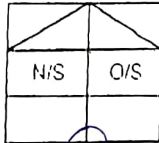
Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Actual or Market Value: 77K quote by Simon

JAC Accident Report: Consistent? : Yes or No

JIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Sum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Vehicle

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

Truck / Trailer or

Make

Colour

Sp Reading

Eng/No.

C/No:

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:

R:

BS / DUH / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal

D.O.A

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

17/05/21 Submit DAR; 3 repair days.

Date/Time, File Pass to?

☐

Preli. Report

17/05 Typist

☐

Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip:

Addl Fee:

☐

Site Insp. (\$

☐

Interview (\$

☐

Ex. Insp. (\$

☐

Ex. Insp. (\$

Survey Fee:

Transportation

Ex. Insp. (\$

Ex. Insp. (\$

Ex. Insp. (\$

MER-DAR