ASS. REC. BY: [handwritten]   REF: CS3/AIG 21002302/RH/3   16oh
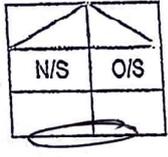
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLG 4052U

at Workshop m/s CHAMPION AUTO

of BLK 1007, BUKIT MERAH LN3 #04-01

Insured: _____ ALh

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.

Bal. or Market Value: 54K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: _____ %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Veh No: SLG 4052U   Yr Regn: 2016, SEP

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____

Make: HYUNDAI ELANTRA 1.6GLS c.c 1591

Colour BLUE   A/C: Insured / Std / NI / NA

Sp.Reading 58964   T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMHU254937

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: 195/65R15

       R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front		Rear	
R/Bal. 6	mm	R/Bal. 6	mm
L/Bal. 6	mm	L/Bal. 6	mm
D.O.A. 16/02/21		D.O.I. 22/02/21	

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.

Vehicle: IN / OUT

N/S   O/S

Date / Time	Action / Instruction
	Repair l,mit:- 16K
	SUBMIT DAR REPORT

5

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Lump Sum / LS.A ($ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)
☐ : Interview ($ _____)
☐ : Tech. Invs ($ _____)
☐ : Weekend ($ _____)

Survey Fee: _____
Transportation:
__S +RS.__SI
Photos
Others

TOTAL