CS3/AIG21002353/Gqd3

ASS. REG. BY: GQ PRS | REF: AIG.

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Neo Auto

of

Insured:

Policy No.

Claims No. 7516049729SG

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

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

Bal. or Market Value:

IDAC Accident Rport: | Consistent? : Yes or No

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

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

Lum Sum: 20 % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SMP4925S | Regn 27 Sep 2019

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

Make: Honda Shuttle 1.5 | cc 1496

Colour: white | A/C: Insured / Std / NI / NA

Sp.Reading 125789 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP7200 8768

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/60R15

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. | D.O.I. 15-02-21

Survey held at w/s 10:40

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or o/s Rear.

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

Date / Time	Action / Instruction
	No Body injured.
08/04/21	Submit DAR.

Date/Time, File Pass to? 08/04 Typist

Date/Time, File Return to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ Site Insp ($ | ☐ Interview ($ | ☐ Tech. Insp ($ | ☐ Wait. Inv

Survey Fee:

Transportation

Photos

MER-DAR