CS3/AIG21003184/Gqd3

ASSIGNED BY: GQ PRS

AIG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s H.L.cycle

of

Insured:

Policy No.

Claims No. 6525255254SG

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: 9K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: FBQ4175P Yr Regn: 26 Sep 2019

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

Make: Yamaha GDR155A (AEROX) 155

A/C: Insured / Std / NI / NA

Colour: Red

T/Radio: Insured / Std / NI / NA

Sp.Reading 28576

Eng/No:

C/No: MH3SG4640KJ053020

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: 110/80-14

R: 140/70-14

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.	mm
D.O.A.		D.O.I. 11-03-21	

Survey held at W/S 11:30

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
	Got Body Injured
17/05/21	Submit DAR; 5 repair days.

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

1) 17/05 Typist

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($ [ ] : Interview ($ [ ] : Tech. Insp ($ [ ] : Waiting ...

Survey Fee:

Transportation:

__S + RS __SI

Photos

Other

Total

Report Format: MER-DAR

Total Sum / Meter: