

CS3/ AlG 21003857/Gvf3**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Lim Motor

of _____

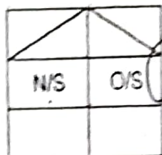
Insured: SMT 7845ZPolicy No. 2070106817Claims No. 9752553478SG

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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 3 days Res: Yes or NoTurn Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SIT370RIn Regn. 05 oct 2009Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda StreamColour: BlackSp Reading: 162016

Eng No: _____

C No: JHMRV6880-90200352Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R18R: 11BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 17/3/21Survey held at w/sDes. 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

31/3/21 Submit DAR

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

31/3/21-Typist

Prepared By: DAR

Checked By: _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Travel Exp (\$

Survey Fee: _____

Transportation: _____

S + PS: \$

Photos

Other: _____

TOTAL