ASS. REC. BY: Taufik REF: CS3/AIG 21004379/T19f3

ASSIGNMENT

WE 2030 Aug

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1800116453

Claims No. 2229916173SG

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: $75K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

PRS

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: PC1355P Yr Regn: 2010 1 Aug

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

Truck / Trailer or

Make: Mitsubishi Rosa c.c 4899

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

Sp.Reading 477324 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: BE63D JF00236.

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: 205/85R16

R: " "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front			Rear		
R/Bal.	8	mm	R/Bal.	8/8	mm
L/Bal.	8	mm	L/Bal.	8/8	mm
D.O.A.			D.O.I.	7/4/21	

Survey held at Xclusive Motor

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
	No GIA.
25/05/21	Submit DAR, 8 repair days.

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

1) 25/05 Typist [ ] : Final Report

Date/Time, File Return to?

2)

Report Format : MER-DAR

Lump Sum / I.B.I. ($)

Days Of Repair: 8

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL