

ASS. REC. BY:

Steve

CS3 / AIG 21905226 / E1F3

## ASSIGNMENT

PRS

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBJ4537R

Policy No. 0999993650

Claims No. 7035037636SG

Sum Insured:

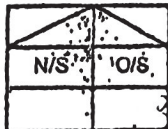
Excess:

(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

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMIN 38245

Yr Regn:

5/8/09

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

Truck / Trailer or

Make:

Honda Fit

c.c.

1371

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

12669

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

LAK 33417259

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

175/70R14

R:

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

TOYO / YOKO or

DELUM

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

24/4/21

D.O.I.

28/4/21

Survey held at

MJE Motor

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

Rear R11

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

Date / Time

Action / Instruction

MIV-70K

submit DAR REPORT

Date/Time, File, Pass W/P



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:



: Site Insp

(\$



: Interview

(\$



: Tech. Invs

(\$



: Weekend

(\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Reformed:

ump Sum / L.P. /