ASS. REC. BY: Steve CS3/AIG 21905226/E1F3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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: SMN 3824S 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 / Nil / N

Sp.Reading 121369 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: GK33417239

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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 DELIUM

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 RM:

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

Date / Time	Action / Instruction
	MV - 70K
	submit DAR REPORT

Date/Time, File Pass to? : Prell. 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.__Sl

Photos

Others

TOTAL

Format :

Lump Sum / L.F.I.: