ASS. REC. BY: GA PRS

AG

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Jementah Motor

of

Insured:

Policy No.

Claims No. 1641133875SG

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: $34K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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: SGX5237S Yr Regn: 11 Jun 2012

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

Make: Merc C180 c.c 1597

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

Sp.Reading 135059 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2040452A722367

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: 225/45R17

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	30-04-21

Survey held at W/S 1pm

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

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

Date / Time	Action / Instruction
	No Body injured.
	Rebate : ~~RM6~~ 222.34
18/05/21	Submit DAR; 4 repair days.

Date/Time, File Pass to?

1) 18/05 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Misc ($)

Survey Fee:

Transportation: S + RS SI

Photos

Other

MER-DAR

Report Faxed?

Lump Sum / Labour