

ASS. REC. BY: Tough

REF:

CS3 / A1621006213 / 1.983

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: _____

Policy No. _____

Claims No. **7750461042SG**

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: **6.5K(est)**

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: **6** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **FBF 3127 T** Yr Regn: **06/05/2011**

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

Truck / Trailer or _____

Make: **Yamaha FZ** C.C. **153**Colour **Black** A/C: Insured / Std / NI / NA

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

Eng/No: _____

C/No: **ME1210536-2032474**

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: **140/70 R17**R: **110/70 R17**

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

TOYO / YOKO or **Pirelli**

Front

Rear

R/Bal. **5** mmR/Bal. **5** mm

L/Bal. _____ mm

L/Bal. _____ mm

D.O.A. _____

D.O.I. **31/5/2101245**Survey held at **Chok Hong due to**

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

Frt, N/S

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

Date/Time Action / Instruction

W/S no 61A**22/07/21 Submit DAR.**

Date/Time, File Pass to?

☐ : Preli. Report1) **22/07 Typist**☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: **MER-DAR**

Lump Sum / L.B. / % _____

Days Of Repair: **6**Resurvey No. of Trip: **2**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. \$ _____

Photo

Others

TOTAL