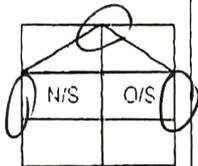


62  
PRS

AIG

ASSIGNMENT

Estimated Cost  
 TP /  WS /  TP RES /  OD RES /  EVA /  INV /  MV  
 Inspect Vehicle No. **FBD 7891D**  
 Workshop n/s **Glen Enterprise**  
 Insured: **SKM 2893C**  
 Policy No. **2100504168**  
 Claims No. **8307722422SG**  
 Insured: Excess.  
 (Client's Record)  
 Make of Veh:  
 (Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Val. or Market Value: **\$2600**  
 JAC Accident Report Consistent? : Yes or No  
 JIA / PR Seen. Consistent? : Yes or No  
 Est. Repairs. **4** days Res: Yes or No  
 Sum. **20** % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date Person Contacted Vehicle IN / OUT



Vehicle **FBD7891D** Reg **28 Jul 2008**  
 Type  M Car /  M Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  Truck /  Trailer or  
 Make **Yamaha T135** CC **135**  
 Colour **Blue** A/C  Insured /  Std /  NI /  NA  
 Sp Reading **53076** T/Radio. Insured /  Std /  NI /  NA  
 Eng/No.  
 C/No. **54P 301334**  
 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: **80/90-17**  
 R: **90/80-17**  
 BS /  DUN /  EXNOVA /  GY /  FS /  LIZA /  MIC /  OHTSU /  PIR /  SUMI /  TOYO /  YOKO or **MAXXIS**  
 Front Rear  
 R/Bal. **4** mm R/Bal. **4** mm  
 L/Bal. mm L/Bal. mm  
 D.O.A. D.O.I. **23-06-21**  
 Survey held at **w/s** **3:30pm**  
 Des. of Damages  Frt /  Rear /  O/S /  N/S /  UIC /  Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	rebate : 1012 Car Body Injured.
	Repairer did not provide addendum GIA report
27/10/2021	Submit DAR, 4 days.

Date/Time, File Pass to:  : Preli. Report  
 27/10 TYPIST  : Final Report  
 Date/Time, File Return to:

Days Of Repair: **4**  
 Resurvey No. of Trip: **2**

Adnl Fee:  Site Insp. (\$)  
 Interview (\$)  
 ...

Survey Fee:  
 Transportation  
 ...

MER-DAR