

ASSIGNED BY

ASSIGNMENT

From

Date

Estimated Cost

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No. 2070036736-01

Claims No. 0012328960SG

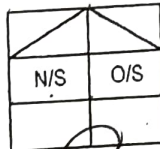
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$31K

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs: 5 days

Lum Sum: %

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

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 / Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

07/07/21 Submit DAR.

Date/Time, File Pass to?

1) 07/07 Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other: