ASS. REC. BY: Steve REF CSB/AIG21087359/EQF3

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:

Policy No.

Claims No. 1645763836SG

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: $17K(est)

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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: FBK5575T Yr Regn:

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

Make: Yamaha X max c.c 292

Colour Blue A/C: Insured / Std / Nil / N

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

Eng/No:

C/No: MH3SH3842LK010919

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Locked / Burnt or

Brakes: Inorder / Jammed / Locked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 120/70-15

R: 145/70-14

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

Front R/Bal. 4 mm L/Bal. mm

Rear R/Bal. 4 mm L/Bal. mm

D.O.A. 17/6/21 D.O.I. 6/7/21

Survey held at Hup Hin

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
	No GIA rep
08/07/21	Submit DAR.

Date/Time, File Pass to?. : Prel. Report

08/07 Typist : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

$ + RS. SI

Photos

Others

TOTAL

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Inve ($)

: Weekend ($)

Report Format : MER-DAR

Lump Sum / L.O.I. to