

ASS. REC. BY:

Steve

REF

CS3/AIG 21007710/EUF3

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SLE 8581T

At Workshop m/s

CAR LABORATORIES

Insured:

SFQ 8811M

Policy No.

0999993728

Claims No.

9942660949SG

Sum Insured:

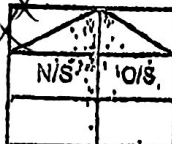
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$115K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.:

Yes or No

Cum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLE8581T

Yr Regn: 2016/

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

Truck / Trailer or

2493

Make:

Toyota Vellfire

C.C.

2372

Colour:

Black

A/C:

Insured / Std / NI / N

Sp. Reading

63952

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

A 6439-3721929

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235 / S2R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

26/6/21

D.O.A.

16/7/21

Survey held at

Car Laboratories

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

F.L.H.

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

Date / Time

Action / Instruction

No GIA Report

28/7/2021 Submit DAR, 4 repair days.

Date/Time, File, Pass to?



: Prel. Report

28/7 TYPIST



: Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS, SI

Provision

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Wash and (\$

28/7/2021

TP

Date/Time, File Return to?