ASS. REC. BY: Steve | REPT CS3/AIG2197710/EUf3

ASSIGNMENT

From: PRS Date:

Estimated Cost:

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

To Inspect Vehicle No: SLE 8581T

at Workshop m/s CAR LABORATORIES

at

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.

N/S O/S

Bal. or Market Value: $115K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistant? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLE 8581T Yr Regn: 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 2493

Make: Toyota Vellfire c.c 2494

Colour: Black A/C: Insured / Std / NI / N

Sp.Reading: 63952 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: AGH30-9721929

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: 235/52R18

R:

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mr
U/Bal.	4 mm	U/Bal.	4 mr
D.O.A.	26/6/21	D.O.I.	16/7/21

Survey held at Car Laboratories

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

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

Date / Time	Action / Instruction
	Rcv GIA Rport
28/7/2021	Submit DAR, 4 repair days.

Date/Time, File Passed? : Proll. Report

28/7 TYPIST : Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: Site Insp ($) Interview ($) Tech. Inva ($) Weekend ($)

Survey Fee:

Transportation: $ + RS $

Photos

Others

TOTAL

Typed/Printed : TP

Insp Sign / I.D. No: