ASS. Rec. BY: GQ | REF: CS3/AIG21008453/Gqf3

PRS

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s AUTO MAINTENANCE ADVICE

of

Insured:

Policy No.

Claims No. 7451556544SG

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: 66K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBK4286J Yr Regn: 30 Jul/2020

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

Make: KIA K2500 c.c 2497

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 44939 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KNCSJX76LL7441567 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195R15

R: 145R13

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.		D.O.I.	12-08-2021

Survey held at W/S 4PM

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
	Yes/No BI Involved
13/08/21	Submit DAR.

Date/Time, File Pass to? 1) 13/08 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format: MER-DAR

Lump Sum / UPD: 0

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL