

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s Eng Soon Motor

of

Insured:

Policy No.

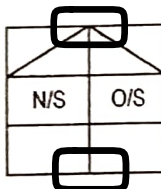
Claims No.

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: \$60k

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: - 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: SLG4383P

Yr Regn: 30 Sep/2016

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

Truck / Trailer or

Make: TOYOTA COROLLA ALTIS 1.6 c.c 1598

Colour: White

A/C: Insured / Std / NI / NA

Sp. Reading: 103829

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053REH104551357 *

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim ☐ STD A/Rim or

Tyre Size: F: 215/45ZR17

R: 215/45ZR17

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

D.O.I. 30-08-2021

Survey held at

W/S

4PM

Des. of Damages: ☒ Frt ☒ Rea ☐ 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

SIMON DO MARKING FOR GQ

SUBMIT DAR REPORT

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

2)

Report Filed?

Long Cond / MPB

Days Of Repair: 9

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



W/Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL