

ASS. RFO. BY:

Tang JH

REF:

C3/A16 21009394/T1tf3.

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.

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: \$22K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 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:

FBR 34646

Yr Regn:

2020 MAY

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 / NI / NA

Sp. Reading

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MG3SH0841LK010040

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

120/70R15

R:

140/70R14

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

TOYO / YOKO or

Mitas

Front

Rear

R/Bal.

5 mm

R/Bal.

5 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

7/9/21 @ 6:20pm

Survey held at

Equator Building

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

Frt, N/S, Rear o/s.

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

Date / Time

Action / Instruction

* No GIA

No Reg

SUBMIT DAR REPORT

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L&M ()

Days Of Repair:

6

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL