

ASSIGNMENT

From: PRS

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

at _____

Insured: GBG 7356S

Policy No. 2070139490

Claims No. 4514735092SG

Sum Insured: _____

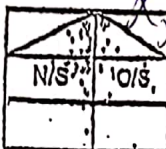
(Gillan's Record)

Excess: _____

Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: \$50K

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seat _____ Consistent? : Yes or No

Est. Repair: _____ days Res.: Yes or No

Sum Sum: _____ % 3 Val.: Yes or No

GA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBG 4868B

Yr Regn: 2017

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

Truck / Trailer or

Make: Mitsubishi Fuso c.c. 2998

Colour: White A/O: Insured / Std / NI / N

Sp. Reading: 95878 T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: FEA 0187: 20843

Gen. Cond: Good / Fair / Poor / Bury

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / 3/Rim / STD Air/Rim or

Tyre Size: F: 195R15C

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. 29/08/21

D.O.A. 4/10/21

Survey held at Eng Hup Seng

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Roof/Top or

Front RH: _____

The U/C / O/S / N/S frame / Body Structure affected due to collision

Date / Time Action / Instruction

No GIA Report

6/10/21 Submit DAR

File/Time, File, Report, ☐ : Prel. Report

☐ : Final Report

File/Time, File Return to?

6/10/21-typist

Specialist/Owner:

WAP Sum / 11/1/16

Days Of Repair: 4

Resurvey No. of Trips: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Wash and (\$ _____)

Survey Fee:

Transportation

\$ + RS, \$1

Photos

Quota

TOTAL