ASS. REC. BY: Steve — DEPT: CS3/AIG 21010180/EV(3

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: 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: $50K

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: GBG 4868B Yr Regn: 2017

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

Make: Mitsubishi Fuso c.c 2998

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

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

Eng/No:

C/No: FEA01B1-20843

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

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

Tyre Size: Ft: 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 ~~28~~/9/21 D.O.I. 4/10/21

Survey held at: Eng Hup Seng

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

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

Date / Time	Action / Instruction
	No GIA Report
6/10/21	Submit DAR

Date/Time, File Passed to: [ ] : Prel. Report

[ ] : Final Report

Date/Time, File Return to:

6/10/21-typist

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: [ ] : Site Insp ($) ___$ + RS.___St

[ ] : Interview ($) Photos

[ ] : Tech. Inve ($) Others

[ ] : Weekend ($)

TOTAL

Special Format:

Lump Sum / I.D.I. ...