

ASS. REC. BY:

Steve

DEPT

CS3/AIG 21-010465/E9F3

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/a

of

Insured:

Policy No.

Claims No.

9326419143SG

Sum Insured:

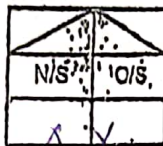
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Ret. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBK 7656E

Yr Regn:

12/1/66

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

Truck / Trailer or

Make:

Honda CR400X

c.c.

399

Colour:

Black

A/C: Insured / Std / NI / N

Sp. Reading

N/A

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

NC411906431

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

R:

120/60-17

160/60-17

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

TOYO / YOKO or

Pirelli

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

mm

mm

L/Bal.

mm

D.O.A.

8/10/21

D.O.I.

19/10/21

Survey held at

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Roof/Top or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

01/11/21 Submit DAR.

Date/Time, File, Pass to?



: Prel. Report

01/11 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Form:

MER-DAR

Date/Time, File Return to?