

ASS. REC. BY: Tan JiahREF: CS2/ALG21011704/T14f3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SMN 4061U

at Workshop m/s _____

of _____

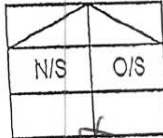
Insured: GBF 630BPolicy No. 2070075467-01Claims No. 8969726953SG

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: 990K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMN4061U Yr Regn: 2012 Sep

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

Truck / Trailer or

Make: Porsche Cayenne c.c. 2967Colour: Green A/C: Insured / Std / NI / NASp. Reading: 137366 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP12229220-A24162

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD AJRim or

Tyre Size: F: 285/35R22R: 285/35R22

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

Survey held at Gareys 13

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

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 17/11/21

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

Date / Time	Action / Instruction
9/12/2021	Submit DAR, 7 days

Date/Time, File Pass to?

☐ : Prel. Report

1) 9/12 TYPIST

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / L&A (?) _____

Days Of Repair: 7

Resurvey No. of Trip: _____

Add Fee: ☐

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL