ASS. REG BY: Steve CS3/AIG21011826/Enf3

ASSIGNMENT

From: PRS Date:

Estimated Cost:

OD / TP / WS / TP REG / OD REG / EVA / INV / MV

To Inspect Vehicle No: SLS 3685L

at Workshop m/s

Insured: GT 8903D

Policy No. 2070095966

Claims No. 3433860544SG

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
X	X

Del. or Market Value:

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Cum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLS3685L Yr Regn: 2/9/17

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

Make: Toyota Sienta Hybrid c.c 1496

Colour: Brown A/C: Insured / Std / Nil / N

Sp. Reading: 341876 T/Radio: Insured / Std / Nil / N

Eng/No:

Ch/No: NHP170 7009:1300

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Mod: / 3/8in / 3/8 Alkim or

Tyre Sizes: Ft 195/65R15

Rr //

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Sd.	5 mm	R/Sd.	5 mm
U/Sd.	5 mm	U/Sd.	5 mm
D.O.A.	17/11/21	D.O.I.	22/11/21

Survey held at Lay Auto

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

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

Date / Time	Action / Instruction
	MV-69K
23/11/2021	Submit DAR, 4 repair days

Date/Time, File Recd. [ ] Prelim. Report

23/11 TYPIST [ ] Final Report

Date/Time, File Returned

Days Of Repair: 4

Resurvey No. of Trips:

Add Fee: [ ] Site Insp ($)

[ ] Interview ($)

[ ] Tech. Invs ($)

[ ] Weekend ($)

Survey Fee:

Transportation:

S e RS

Prints:

Others:

TOTAL

Forward: TP

Sum / Lab. etc