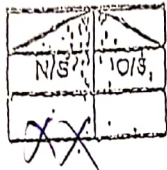


ASS. REG. BY: Steve 7 15217 CS3/A/G21011826/ENF3

PRS

ASSIGNMENT

From: (Date) 12/10/21
Estimated Cost: _____
On: TP/VS/TPR/OD/RES/EVA/INV/MV
To: Inspect Vehicle No: SLS 3685L
At: Workshop m/s _____
Insured: GT 8903D
Policy No: 2070095966
Claims No: 3433860544SG
Sum Insured: _____
(Client's Record)
Make of Veh: _____
(Policy Condition)
Remarks: The veh had commenced its repair at the time of inspection.
Rel. or Market Value: _____
IDAC Accident Report: Consistent? Yes or No
SIA / PR Seen: Consistent? Yes or No
Est. Repair: 4 days Res: Yes or No
Cum Sum: % 3 Val: Yes or No
QA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____



Veh No: SLS 3685L Yr Regn: 21/9/17
Type: ☒ M, Cycle / Bus / Van / Lorry / Truck / Trailer or
Truck / Trailer or
Make: Toyota Sienta Hybrid C.B. 14.96
Colour: Brown A/O: Insured / St / NI / N
Sp. Recording: 344876 Yr Regn: Insured / St / NI / N
Eng/No: _____
On/O: NHP170709:1300
Gen. Cond: Good / Fair / Poor / Ruined
Storage: ☒ Jammed / Locked / Burnt or
Broken / Jammed / Locked / Burnt or
Mod: 111 / 3031m / 370 A/K/m or
Tyre Size: P1 195.65R15
R1 _____
BS: ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: R/U/L: 5 mm R/U/L: 5 mm
U/L/L: 5 mm U/L/L: 5 mm
D.O.A: 17/11/21 Lay Auto
Survey held at _____
Det. of Damages: ☒ Rep / O/S / H/S / U/C / Replac or
The U/C / CHASSIS frame / Body structure affected due to collision

23/11/2021 Submit DAR, 4 repair days

me/Time, File, Receipt, _____
23/11 TYPIST: Final Report
me/Time, File, Receipt

Days of Repair: 4
Resurvey No. of Trips: _____
Add Fee: ☐ Site Insp (\$ _____)
☐ Interview (\$ _____)
☐ Tech. Insp (\$ _____)
☐ Vehicle (\$ _____)
Survey Fee: _____
Transportation: _____
S & RS: _____
Fuel: _____
Other: _____
TOTAL: _____

Approved: TP
WMP Sign / M.P. / P