

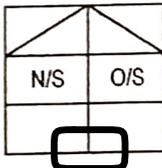
PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s AUTO DYNAMAC
 of _____
 Insured: _____
 Policy No: _____
 Claims No. 8338451140SG
 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: \$68k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLZ4876J Yr Regn: 04 May 2018
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HONDA SHUTTLE HYBRID 1.5 c.c 1496
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 64301 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GP71207461
 Gen. Cond Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: 185/60R15
 BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. _____		D.O.I. <u>16-12-2021</u>	

 Survey held at W/S 11:30
 Des. of Damages: Frt / Rea / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Yes/No BI Involved
21/12/21	Submit DAR.

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) 21/12 Typist
 Date/Time, File Return to?

Days Of Repair: 6
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : W/weekend (\$ _____)

Survey Fee:	
Transportation:	
3 + RS. SI	
Photos	
Other:	
TOTAL	

Report Filed: MER-DAR
 Long Code/MP/...