ASS. REC. BY: Kenneth | REF: SMR/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Infinity Coach

of 160 01-07 1431

Insured: 98335843

Policy No. _____

Claims No. _____

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

Bal. or Market Value: $22k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 08/26 Person Contacted: Dave Lim Vehicle: IN / OUT

Veh No: PC 1966B Yr Regn: 08/11

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

Make: Isuzu LT134P c.c 7790

Colour Yellow A/C: Insured / Std / NI / NA

Sp.Reading 442313 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JALL T134 PB 7000020

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rlm / STD A/Rlm or _____

Tyre Size: F: 11R 22.5

R: _____ (D)

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	9 9 mm
L/Bal.	8 mm	L/Bal.	9 9 mm

D.O.A. 8/8/24 D.O.I. 3/9/2024

Survey held at _____

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

Rt Rh view mirror, the bus had already completed its repair at the time of inspection

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

Date / Time	Action / Instruction
/	PRS
	EM repair cost $3-4k

Time, File Pass to? ☐ : Prell. Report ☐ : Final Report

Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS. ___ SI

Add Fee: ☐ : Site Insp ($ _____) Parts _____

☐ : Interview ($ _____) Others _____

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL _____

Format :

Sum / I.B.I: ($ _____)

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____