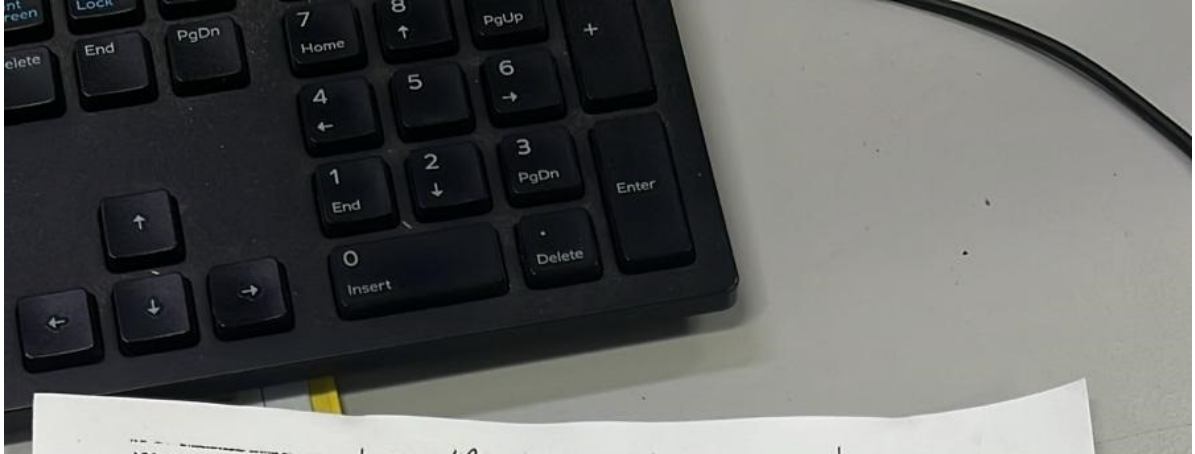

ASS. REC. BY: Kenneth | REF: LPC / CS/LPC24100258/Kvh3

ASSIGNMENT

From: | Date:
Estimated Cost:
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No:
at Workshop m/s: SBS
of: 3 Yio Chu Kng
Insured: YN 9420S
Policy No.
Claims No. 24/24/24/VC05/030008
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:
IDAC Accident Rport: | Consistent? : Yes or No
GIA / PR Seen: | Consistent? : Yes or No
Est. Repairs: days | Res.: Yes or No
Lum Sum: % | 3 Val.: Yes or No

CA / REV / REP. / 24 HRS
Date: | Person Contacted: | Vehicle: IN / OUT

Veh No: SBS 6568R | Yr Regn: 2015
Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mr Citaro | c.c 6374
Colour: Grey | A/C: Insured / Std / NI / NA
Sp.Reading: 506759 | T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WEB628083B3128603
Gen. Cond: (Good) / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modl: (Nil) / S/Rim / STD A/Rim or
Tyre Size: F:
R: 275/70R 22.5 (01)
(BS) / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

	Front	Rear
R/Bal.	9 mm	9 9 mm
L/Bal.	9 mm	9 9 mm
D.O.A.	10/10/24	D.O.I. 16/10/2024

Survey held at
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
/	Muna will email CM over, NO GIA given
5/11/24	Submit $7107.45 (red 3764.64, 34%)

Date/Time, File Pass to? | ☐ : Prell. Report | ☐ : Final Report
Date/Time, File Return to?
Days Of Repair: 4
Resurvey No. of Trip:
Survey Fee:
Transportation:
$ - RS. SI
Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) Tech Invs ($) Weekend ($)
Others
TOTAL
eport Format :
mp Sum / I.B.I: ($