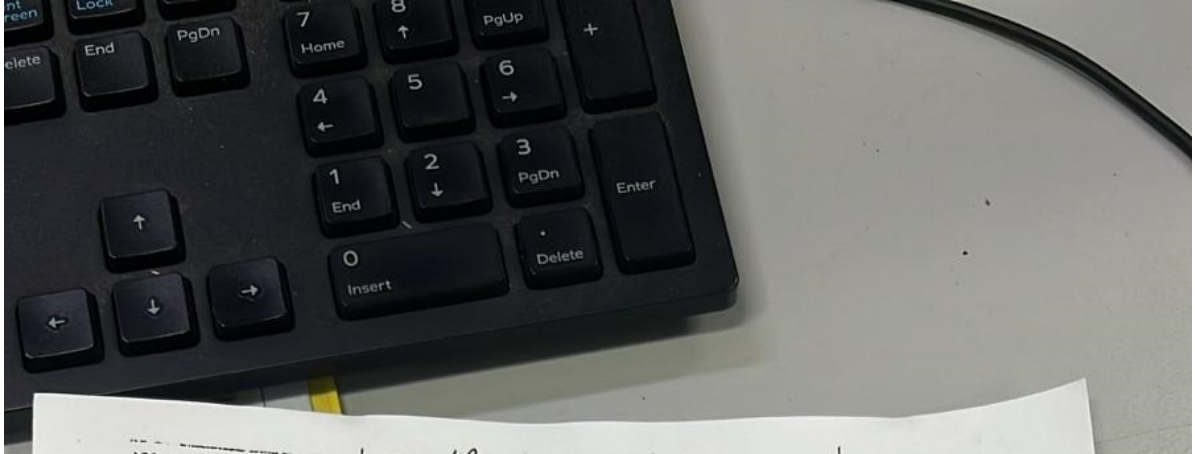

ASS. REC. BY: Kenneth | REF: LPC /

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:
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:
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: /
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Make: Mr Citaro c.c
Colour Grey A/C: Insured / Std / NI / NA
Sp.Reading 506759 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: WEB628083B128603
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 CO1
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 9 mm
L/Bal.	9 mm	L/Bal.	9 9 mm
D.O.A.	1/24	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
/	Mum will email CM over, NO GIA given

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