

ASS. REC. BY: Tough

REF: CS/CT124116445/Tvhs

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SNT 1640A

Policy No. _____

Claims No. SNM24D206572

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: \$70K XX

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC5999E Yr Regn: 2021, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Scania K134x2 C.C. 12742

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

Sp. Reading: 182121 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Y52K4x20001908057

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: N / S/Rim / STD A/Rim or

Tyre Size: F: 295/80R22.5

R: ^ ^ (D)

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

Front

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A.

Survey held at

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

Rear

R/Bal. 8/8 mm

L/Bal. 8/8 mm

D.O.I. 25/11/24 @ 430pm

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

Date / Time	Action / Instruction
29/11/24	Repair Range: \$25,000 - \$30,000, 15 days

Date/Time, File Pass to?

☐ : Prel. Report

i)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 15

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / L.B.L. / _____