Surveyor: Rajan | REF: AXA | 9417K

ASSIGNMENT

From: | Date: 05.01.2018

Estimated Cost:

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

To Inspect Vehicle No: SBS 6376C

at Workshop m/s Tower Transit

of 21 Bulim Drive

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh:

(Policy Condition) 2pm - 4pm

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS6376C Yr Regn: 2013 APR

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

Make: MERCEDES BENZ CITARO 0530 CNG 6374

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

Sp.Reading 359000? T.Radio: Insured / Std / NI / NA

Eng/No:

C/No: WEB62808323124788

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NIL / S/Rim / STD A/Rim or

Tyre Size: F: 275/70R22.5

R: " " D/D

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	30/12/17	D.O.I.	05/01/18

Survey held at TOWER TRANSIT

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

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

Date / Time	Action / Instruction
05/01/18	finalised amount of $1,186.36 / 1 day of repair with shortfall

Date/Time File Pass to? 1: ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to? 2:

Report Format :

Lump Sum / I.B.I: (S

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (S ☐ Interview (S ☐ Tech. Inve (S ☐ Weekend (S

Survey Fee

Transportation: (S→PS S)

Photos

Others

TOTAL