Roran Ref: AIG 9417k

ASSIGNMENT

Date: 11/01/2017

Estimated Cost:

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

To Inspect Vehicle No: SBS 3404A

at Workshop / Place: Tower Transit

at 21 Bulim Drive, Bulim Bus Depot

Insured:

Policy No:

Claim No:

Sum Insured: Excess:

Client's Report: 2-4pm

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 Report: Consistent? : Yes or No

GIA / PP Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

OA / REV / REP. / 24 HRS wp?

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS 3404A Regn: 2014 MY

Tyre M Car / Cycle / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: VOLVO B9TL9.4L Cc: 9364

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

Sc Reading: 187116 Traffic Insured / Std / N / NA

Eng No:

Ch No: YV3S4P922EA167597

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Border / Jammed / Leaked / Burnt or

Brake: Border / Jammed / Leaked / Burnt or

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

Tyre Size F: 275/70R22.5

R:

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.	07/01/18	D.O.A.	14/08/18

Survey held at: TOWER TRANSIT

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

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

Date	Time	Action / Instruction

Date/Time File Passed: ☐ : Prelil. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Time:

Date/Time File Returned:

Add Fee: ☐ Site Visit $ ☐ Night $ ☐ Tow $ ☐ Other $

Report Format:

Lump Sum / LB $

Survey Fee:

Transportation:

Total: