Surveyor Tanghin | REF: AIG

ASSIGNMENT

From: Date: 20/3/18

Estimated Cost:

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

To Inspect Vehicle No: SBS 6329 P

at Workshop m/s Tower Transit

of 21 Bulim Drive

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record) 12pm - 2pm

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

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 / wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. : SBS6329P. Yr Regn: /

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

Make: Mercedes Benz. c.c

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

Sp.Reading 267698 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WEB628683231 23796

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)

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.		D.O.I.	20/3/18 @ 1330

Survey held at Tower transit

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

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

Date / Time	Action / Instruction
	w/s will mail GIA & estimate.

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

1) ☐ : Final Report

Date/Time. File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ___S + RS___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ Weekend ($)

Survey Fee:

Transportation

TOTAL