(08/11/13) Surveyor: Rama | REF: | C 1196N

ASSIGNMENT

From: | Date:

Estimated Cost:

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

To Inspect Vehicle No: GBE 4779K

at Workshop m/s SIN SHENG

of TWSS TRUCK

Insured: 111

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

Vehicle: **IN / OUT**

Date: | Person Contacted:

Veh No: GBE 4779K | Yr Regn: 2015 / DEC

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

Make: MITSUBISHI CANTER | c.c 2998

Colour WHITE | A/C: **Insured / Std / NI / NA**

Sp.Reading 72316 | T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: FE4OIBA10225

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: 195R15C

R:

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	6/6 mm
L/Bal.	7 mm	L/Bal.	6/6 mm
D.O.A.	30/10/18	D.O.I.	14/11/18

Survey held at SIN SHENG

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

Date/Time, File **Pass** to?

1)

Date/Time, File **Return** to?

2)

☐ : **Preli. Report**

☐ : **Final Report**

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation:	___S + RS, ___SI
Photos	
Others	
TOTAL	