

ASS. REC. BY:

Kahin

REF:

M

## ASSIGNMENT

From:

Date:

25/9/2019

Estimated Cost:

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

To Inspect Vehicle No:

SBS 6485X

at Workshop m/s

Lexbuild

of

2 Loyang Way

9615 8280

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

25/9/2019 2pm

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

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:

SBS 6485X

Yr Regn:

4 Sep / 2014

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

Truck / Trailer or

Make:

Mercedes Benz C140

C.C.

6374

Colour

Green

A/C:

Insured / Std / NI / NA

Sp. Reading

3 2 4244

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WE B 62808323/2545X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/70R15

R:

275/70R20.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Conti

Front

Rear

R/Bal.

4

mm

R/Bal.

4.4

mm

L/Bal.

4

mm

L/Bal.

4.4

mm

D.O.A.

17/9/19

D.O.I.

25/9/19

Survey held at

ho-A hub

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

o/s Front

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format:

Lump Sum / L&amp;L: (\$)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)