

ASS. REC. BY: Pam

REF: FCI

1962

ASSIGNMENT

From: _____

Date: 24/12/19

Estimated Cost: _____

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

To Inspect Vehicle No: YP 2101Zat Workshop m/s Sin Sheng Engineeringof No. 8 Tuas Ave 18

Insured: _____

Policy No. _____

Claims No. _____

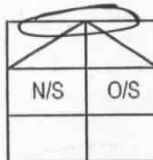
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: Vehicle In

(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 ^{'up'}

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YP 2101ZYr Regn: 2016 / APRType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: MITSUBISHI Fuso FM65c.c 7545Colour WHITE

A/C: Insured / Std / NI / NA

Sp. Reading 20770

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FM65MA 3 0004Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____Modi: Nil / S/Rim / STD A/Rim or _____Tyre Size: F: 295/80R 22.5R: -

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

TOYO / YOKO or AUSTONE

Front

Rear

R/Bal. 7 mmR/Bal. 7/7 mmL/Bal. 7 mmL/Bal. 7/7 mmD.O.A. 20/12/19D.O.I. 24/12/19Survey held at SIN SHENGDes. of Damages: Frt / 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 Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



Site Insp (\$ _____)



Interview (\$ _____)



Tech. Invs (\$ _____)



Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B. (\$ _____)