REC. BY: Rasul | REF: | 3192

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: XD 7979A

at Workshop m/s MOVA

of 15, Tanyoonh Rd

Insured: LPC

Policy No.

Claims No.

Sum Insured: Excess: 2000

(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: 60K

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: XD 7979A Yr Regn: 2014 / OCT

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

Make: MITSUBISHI FUSO FV515JD c.c 11967

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

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

Eng/No:

C/No: FV515JA100033 *

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: 295/80R22.5

R:

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	27/03/2020	D.O.I.	02/04/2020

Survey held at MOVA (FY)

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

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)

Report Format :

Lump Sum / LBI: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Invs ($)

: Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Others

TOTAL