ASS. Filed BY: GQ | REF: CC4/AIG20007466/Gda3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s SBS TRANSIT LTD

of

Insured:

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: 2 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 6008R Yr Regn: 19 May/2011

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

Make: MERCEDES BENZ CITARO c.c 6374

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

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

Eng/No:

C/No: WEB62808323121900 *

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: 275/70R22.5

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 mm
D.O.A.		D.O.I.	20-07-2020

Survey held at W/S 3pm

Des. 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

Other:

TOTAL

Report Format:

Lump Sum / UPD: