

ASS. REC. BY:

Steve

REF:

CS/MISG20099929/ETf3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 30001193633

Claims No. 247613

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 Report: 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

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SBS 6039A

Yr Regn:

13/6/11

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

Truck / Trailer or

Make:

Mercedes Citaro

C.C.

Colour:

Multi-Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

768977

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WEB 628983202 1911

Gen. Cond: Good (Fai) / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brakes: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80 R22.5

R:

F1

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

9/9/20

D.O.I.

16/9/20

Survey held at

SBS Transit

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

NO GIA report

17/09/20 @ 11.37am revised to Jasmine Lok via Merimen.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Form:

Lump Sum / E.C.

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Phone

Others

TOTAL

DATE: 11.09.2020

Company Registration No: 199206653M

