ASS. REC. BY: Steve | REF: CC4/111 2001 2081 /PS3

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.

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: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS 6536H Yr Regn: 2/3/15

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

Make: Mercedes-Benz Citaro O530 c.c 6374

Colour Green A/C: Insured / Std / NI / N

Sp.Reading 361262 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: WEB 628083231 26623

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: 295/60R22.5

R: "

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5
L/Bal.	5 mm	L/Bal.	5
D.O.A.	30/10/20	D.O.I.	9/11/20

Survey held at Lex build International

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

The U/C / Chassis frame / Body Structure affected due to collis

Date / Time	Action / Instruction
	Pending Estimate

Date/Time, File Pass to?

1)

Date/Time, File Return to?

☐ : Prell. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS S

Photos

Others

TOTAL

Proformas :

Lump Sum / L.E.I: ( )