

ASS. REC. BY:

Tanglin

REF:

CS/MSG 21001787/T143

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.

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

Date:

Person Contacted:

Vehicle: IN / OUT

Guany

Veh No:

SBS6572C

Yr Regn:

2015 / July

Type: M.Gar / 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

403310

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WEB62808 323128614

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

275/70R22.5

R:

(D)

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

27/1/21 @ 4pm

Survey held at

Jin Chun Kay Dept

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

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

w/s will provide cost of repair

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.L. ()

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Phone

Others

TOTAL