ASS. REC. BY: Rasul | REF: CS/ASM 2100 2623/Rqf3 | 653m

Reinspection

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SBS 3061E

at Workshop m/s SBST

of 26, Soon Lee St

Insured: ASM

Policy No. _____

Claims No. S0M02F21

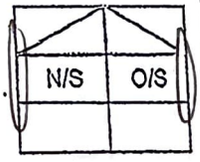
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 55 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 3061E Yr Regn: 2012 / FEB

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

Make: VOLVO B9TL c.c 9364

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

Sp.Reading 621497 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV3S4P922CA153697

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: " " 3D

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.	31/01/24	D.O.I.	26/02/24

Survey held at SBST

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?

1) 22/06 Typist

Date/Time, File Return to?

2) _____

☐ : Prelt. Report

☐ : Final Report

Days Of Repair: 55

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

~~Letter Quote~~ / I.B.I: ($ 122304)

Survey Fee:	
Transportation:	
S + RS	SI
Photos	
Others	
TOTAL	