ASS. REC. BY: Tay The REF: CS FC	121003612/Toud3
ASSI	GNMENT
From: Date:	Veh No: SISS 68/1 Yr Regn: 2014, Oct. Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD /(TP/) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To inspect Vehicle No:	Make: Merceder Benz Gtaro c.c 6374
at Workshop m/s	Colour Multi A/C: Insured / Std / NI / NA
of	Sp.Reading 564656 T/Radio: Insured / Std / NI / NA
Insured; SBS 6520C	Eng/No:
Policy No.	C/No: WES 628 08 523/-25 48
Claims No. D21000858MFBP	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil SPRim / STD A/Rim or
	Tyre Size: F: 275/7-0727-5
(Policy Condition)	R: (1 (0)
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	R/Bal. R/Bal. R/Bal. R/R
IDAC Accident Rport: Consistent? : Yes or No	0 100
GIA / PR Seen: Consistent?: Yes or No	D.O.A. 26/2/21 D.O.I. 22/3/21@336
Est. Repairs: days Res.: Yes or No	Survey held at SBS Depot Bealch.
Lum Sum: % 3 Val.: Yes of No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OU	1.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
w/s will infra core	afe.
3/6/21 Submit \$480 (un-confirmed)	
3/6/21   Submit \$480 (un-confirmed)	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 1
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) 3/6/21-Typist Add F	
	: Interview (\$ ) Photos
Repros Format ; CWS	:Tech. Invs (\$ ) Others
Lump Sum / I.B.J: (%)	:Weelfand (\$ )
	· TOTAL