

ASS. REC. BY:

Steve

REF:

CS/Fc1 21004490/E9f3

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.

D20000410LPUL

Sum Insured:

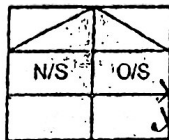
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

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:

PC 9952

Yr Regn:

29/12/17

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

Truck / Trailer or

Make:

Volvo B7R

c.c

7140

Colour:

Red

A/C:

Insured / Std / NI / N

Sp. Reading

241898

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

YV3R6R620H1A185892

Gen. Cond: Good / Fal / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

295/80R22.5

R:

N

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

TOYO / YOKO or

Linglong

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

8/12/20

D.O.A.

21/4/21

Survey held at

Crown AS19 Bus

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

Rear R11

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prell. Report

28/04 Typist



: Final Report

Date/Time, File Return to?

Days Of Repair: 10

Resurvey No. of Trip:

SJE RI

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Formed:

TR

Lump Sum / Fee

8600