

ASS. REC. BY: GD

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / DWS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No. _____
 at Workshop m/s SBS Hangang Depot
 of _____
 Insured: Zakaria - 97831278
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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

Veh No: SBS6184P (r Regn. 28 Feb 2012)
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Merce CITARO CC 0530
 Colour: Purple / red A/C: Insured / Std / NI / NA
 Sp Reading: 686903.2 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WEB62808323123148
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: S/Rim / STD A/Rim or
 Tyre Size: F: 275/70R22.5
 R: 4
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. 6 mm R/Bal. 6/6 mm
 L/Bal. 6 mm L/Bal. 6/6 mm
 D.O.A. _____ D.O.I. 21-04-21
 Survey held at w/s 2pm
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>21/4</u>	<u>Accident Report & estimate not ready</u>
	SUBMIT PART BY PART \$8904, 5DAYS
	RED: 192, 2%

Date/Time, File Pass to? : Prel. Report **Days Of Repair: 5**
 : Final Report
 Resurvey No. of Trip: _____
 Date/Time, File Return to? _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 Survey Fee: _____
 Transportation: _____
 Photos: _____
 Other: _____