

ASS. REC. BY: EC

ASSIGNMENT

Veh No: SBS6184P Regn: 28 Feb 2012

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / 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: _____

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Mercedes CITARO CC: 0530 6374
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

(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

N/S	O/S

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>

Date/Time, File Pass to? : Prel. Report
1) : Final Report
Date/Time, File Return to?
2) _____
Report Format:
Equip. Serial / Models:

Days Of Repair:
Resurvey No. of Trip: _____
Survey Fee: _____
Transportation: _____ \$ + RS _____ \$
Photos: _____
Other: _____
Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Insp (\$ _____)
 : Meet Insp (\$ _____)