

ASS. REC. BY:

Steve

CS/SMR 21005372/EUF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: PD 8886Y

at Workshop m/s CONNECT 3

of _____

Insured: SMB 5044B

Policy No. _____

Claims No. BUS/04/21/1052

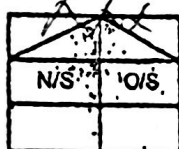
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$180k

IOAC Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs: 14 days Res.: Yes or No

Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

PD 8886Y

Yr Regn:

16/9/19

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

Truck / Trailer or

Make:

Scania K184X2

c.c. 11,705

Colour:

Matti (2) / 100

A/C: Insured / Std / N / N

Sp. Reading

105292

T/Radio: Insured / Std / N / N

Eng/No:

C/No:

YS2K4X2-0001910150

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

295/80R225

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

27/4/21

D.O.A.

6/5/21

Survey held at

Connect 3

Des. of Damages: (Frt) Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	Repair range \$19k - \$20k, 14 repair days.
12/5/2021	Submit preli. report.

Date/Time, File, Pass to?



Preli. Report

Days Of Repair: 14

12/5 TYPIST



Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$



Weight and (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

Approved by:

TP

Stamp Sign / I.D. / C.