

ASSIGNED BY:

Taylor

CS/MSG 21005524/7AF3

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.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

-(Policy Condition)

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

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

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

WP

Vehicle: IN / OUT

Date: Person Contacted:

Raj

Veh No:

SBS8183D

Yr Regn:

2008 / May

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

Truck / Trailer or

Make:

Scania KUB4X2 C.C. 8867

Colour:

Mulh

A/C: Insured / Std / NI / NA

Sp. Reading

943034

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Y 52K4X2000/860885

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nit / S/Rim / STD A/Rim or

Tyre Size:

F: 275 / 70 R22.5

R:

n ~ (D)

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

6/5/21

Survey held at

SBS Bedok Depot

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

Rear N/S

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

Date / Time Action / Instruction

SUBMIT PART BY PART \$2478, 3DAYS
(RED: 0;0%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Other:

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Misc. (\$

Project Estimated:

Equip. Supp. / Labor: