ASS. REC. BY: Steve REF: CS/AIG 21005585/EVf3

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
	X

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS 6610 B Yr Regn:

Type: M.Car / M.Cycle / (Bus) / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Mercedes-Benz Citaro c.c 7200

Colour: multi-colour A/C: Insured / Std / Nil / N

Sp.Reading: 581005 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: WEB 6280-8323124581

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: (Inorder) / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / (STD) A/Rim or

Tyre Size: F: 275/70R22.5

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.	4/5/21	D.O.I.	7/5/21

Survey held at SBS Transit, Bukit Batok

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

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

Date / Time	Action / Instruction
	Waiting Estimate

Date/Time, File Pass to?

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS ___ SI

Photos

Others

TOTAL

Report Format:

Lump Sum / LBS / ...