

ASS. REC. BY:

Steve

REF:

CS/A/G 21005585/EFV3

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: QSR 888K

Policy No. 2100326836

Claims No. 5286435487SG

Sum Insured:

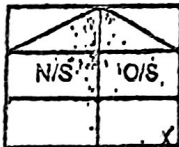
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Sent:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBS 6610 B

Yr Regn:

2013

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

Truck / Trailer or

Make:

Mitsubishi - 8492 Citaro

c.c.

7.700

Colour:

Multi - Col.

A/C:

Insured / Std / NI / N

Sp. Reading

581995

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

WEB 6280-8323124581

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

275/70R225

R:

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

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, BURN BAY

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

Rear RH

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

Date / Time

Action / Instruction

Waiting Estimate

17/6/21

Submit \$1248 (un-confirmed)

Date/Time, File, Pass W/P.



: Prel. Report



: Final Report

Date/Time, File Return to?

17/6/21-Typist

2022 FORM 1: Merimen

MIP Form 1.1.1.1

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Work and (\$

Survey Fee:

Transportation

\$ - RS - SI

Photos

Others

TOTAL