

ASS. REC. BY: Tough

REF:

CS/40121005966/T19C

ASSIGNMENT

From: _____ Date: _____

Veh No: SBS7495K Yr Regn: 2006 Sep

Estimated Cost: _____

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

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

Truck / Trailer or _____

To Inspect Vehicle No: _____

Make: Volvo B9TL 9364

at Workshop m/s _____

Colour: Green A/C: _____ Insur: Std / NI / NA

of _____

Sp. Reading: 416492 T/Radio: Insur / Std / NI / NA

Insured: _____

Eng/No: _____

Policy No: _____

C/No: YV 354H92X 7A116571

Claims No: M11D13012106

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or _____

Make of Veh: _____

Mod: NI / S/Rim / STD A/Rim or _____

(Policy Condition)

Tyre Size: F: 275/70R22.5

R: 9

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

N/S	O/S

BETDUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / R / SUMI /

TOYO / YOKO or _____

Bal. or Market Value: _____

Front _____ Rear _____

IDAC Accident Report: _____ Consistent? : Yes or No

R/Bal. 8 mm R/Ral. 8/8 mm

GIA / PR Seen: _____ Consistent? : Yes or No

L/Bal. 8 mm U/Bal. 8/8 mm

Est. Repairs: 1 days Res.: Yes or No

D.O.A. _____ D.O.I. 19/5/21

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

Survey held at: SRS Bedok Depot.

CA / REV / REP. / 24 HRS WP

Des. of Damages: Frt / Rear / O/S / N/S / UIC Rear o/s

Date: _____ Person Contacted: Ran Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure are/d due to collision

Date / Time	Action / Instruction
	GIA uploaded in Views.
12/08/21	Submit final fig \$400, 1 day (Red \$177.60, 31%) (repair cost not conclude)

Date/Time, File Pass to? : Prell. Report

Days Of Repair: 1

1) 12/08 Typist : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee	
Transportation	
S - R - S	
Phone	
Other	
TOTAL	

2) _____

Add Fee:

Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Repair Formet: _____
Lump Sum / L.B.I. / \$ 400