

ASS. REC. BY:

Tanglin

REF:

CS/FCI 21006256/TIVf3

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. _____

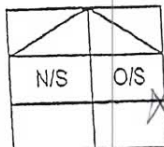
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SBS 8480X Yr Regn: 2008, JuneType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Scania K4B 4x2 c.c. 8867Colour: M4/B A/C: Insured / Std / NI / NASp. Reading: 962215 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Y52K 4X 2000 18-60648Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: NI / S/Rim / STD A/Rim or _____Tyre Size: F: 275/7R22-5R: 2 - (D)BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8/8 mmL/Bal. 8 mmL/Bal. 8/8 mm

D.O.A. _____

D.O.I. 1/6/21 @ 420pmSurvey held at SBS Bedok RepatDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format: _____

Lump Sum / L.B.L. / % _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL