

ASS. REC. BY:

Tang JH

REF:

CS/A1421007166/T1H3.

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SRS66044

Yr Regn: _____

2013 Jan

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

Truck / Trailer or

Make: _____

Mercedes Benz Citaro

c.c

6374

Colour

Multi

A/C: Insured / Std / NI / NA

Sp. Reading

507106

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WE1562808323124570

Gen. 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 / 70R22.5

R: _____

2 ~

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. _____

1/7/21

Survey held at

SRS Bealok Depot

Des. 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

SUBMIT PART BY PART 1512 2 DAYS
Red 0 %

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: _____

Lump Sum / L.B.H. (\$