ASS. REC. BY: Steve / NEPT CS/AIG 21 007348/EqF3

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. 2903664600SG

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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 3077K Yr Regn: 30/03/2012

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

Make: Volvo B9TL c.c 9364

Colour: Multi-Colour A/C: Insured / Std / Nil / N

Sp.Reading: 665472 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: YV3S4P929CA153924

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.	2/7/21	D.O.I.	6/7/21

Survey held at SBS (Soon Lee Depot)

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

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

Date / Time	Action / Instruction
	Waiting estimate
13/07/21	Submit final fig $4950.40 (repair cost not conclude)

Date/Time, File, Pass to?

13/07 Typist

☑ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Inve ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Format: MER-TP

Lump Sum / L.B.I. Fe