

ASS. REC. BY: Tan JH

REF:

CS/FC121008018/T143

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SG 5831Zat Workshop m/s SBS TRANSITof _____
Insured: SBS 6338M

Policy No. _____

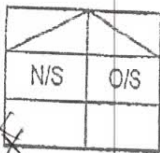
Claims No. D21002159MFBP

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: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: WP

Vehicle: IN / OUT

RearVeh No: SG 5831ZYr Regn: 2017 Oct

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

Truck / Trailer or

Make: MAN A95c.c. 10518Colour Green

A/C: Insured / Std / NI / NA

Sp. Reading 16375

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WM A95ZGen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD A/Rim orTyre Size: F: 275 / 70R22.5R: ~ ~ (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. 29/7/2103pmSurvey held at SBS Bedok Depot

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

Rear N/S

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

Date / Time	Action / Instruction
	Submit P/P \$2098, 2 repair days (RED \$184; 8%)
	No GIA provided

Date/Time, File Pass to?

☐

: Prel. Report

1) 16/12 TYPIST

☐

: Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / L.B.A. \$ \$2098Days Of Repair: 2Resurvey No. of Trip: 2

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL