

ASS. REC. BY:

Steve

CS/SMR21005202/Euf3

## ASSIGNMENT

From:

Date:

Estimated Cost:

QP (TP) WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: PC 1655Z

at Workshop m/s STS Transport Management Pte Ltd

Insured: SMB 1628T

Policy No.

Claims No. BUS/04/21/5005

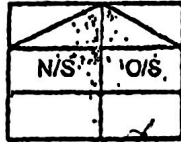
Sum Insured: Excess:

(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

SIA / 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:

Yr Regn:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

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. 1/4/21

D.O.I. 28/4/21 130AM

Survey held at

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

Range \$400 - \$500, 2 days

4/5/2021 Submit PRS

Submit P/P \$500, 2 repair days (RED \$100; 17%)

File/Time, File, Return to:

7/10 TYPIST

4/5 TYPIST

File/Time, File, Return to:

: Prel. Report

: Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Inve (%)

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$1

Phone

Others

TOTAL

2020 FORM 1

MAY 2000 / 1.2.1.1

PRS