ASS. REQ. BY Steve / CS/AIG 21011907 / Ev f:3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / YP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

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

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBS 8399J Yr Regn:

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

Make: Scania K113 4X2 C.C

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

Sp.Reading: 1039969 T/Radio: Insured / Std / Nil / N

Eng/No:

C/No: YS2K4X20001813179

Gen. Condt: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: Ft 295/80R22.5

Rr

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.	22/10/21	D.O.I.	28/10/21

Survey held at SBS Transit

Det. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/S / Chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
	Waiting Estimate

Date/Time, File,Result: ☐ : Proll. Report ☐ : Final Report

Date/Time, File Returned:

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Inve ($) ☐ : Weekend ($)

Survey Fee	
Transportation	
Parts	
Labour	
Others	
TOTAL	

Scanned with CamScanner