

REC BY: Steve | Ref: CS/LPC21011325/ET43

ASSIGNMENT

07 May 2014

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: _____

Veh No: SBS 6744Y Yr Rogn: _____
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes-Benz Citaro c.c. 7100
 Colour Multi-colour A/C: Insured / Std / NI / NA
 Sp. Reading 670390 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/No: WEB67808323125361
 Gen. Cond: Good (Fair) / Poor / Burnt
 Steering: Korder / Jammed / Leaked / Burnt or _____
 Brake: Korder / Jammed / Leaked / Burnt or _____
 Mod: Nil / SIRIm / STD A/B/H or _____
 Tyre Size: F: 295/80R22.5
 R: ' ' _____

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
XXXX	XXXX

 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

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. 4/11/21	D.O.I. 8/11/21

 Survey held at SBS Transit
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/tp or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	No GIA report

Case Time, File Pass to? : Provl. Report
 : Final Report
 Days Of Repair: _____
 Resurvey No. of Trip: _____
 Survey Fee: _____
 Transportation: _____
 Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Inve (\$))
 : Wash and _____)
 Report Form 14 : _____
 Date: _____