ASS. REC. BY: GQ | REF: CS/CTI21011687/Gvy3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / W/S / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s TOWER TRANSIT(MANDAI DEPOT)

of

Insured: SMU 7032Y

Policy No: DMHCSNA00012722101

Claims No.: SNM21D206582/C02/LEEPG

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: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SG6018Z Yr Regn: 03 Dec/2018

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

Make: MAN A95 c.c 10518

Colour Multicolor A/C: Insured / Std / NI / NA

Sp.Reading 261941.0 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMAA95ZZXKF008277 *

Gen. Cond Good / Fair / Poor / Burnt

Steering: norder / Jammed / Leaked / Burnt or

Brake: norder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5

R: 275/70R22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FIRENZA

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 5/11/21 D.O.I. 17-11-2021

Survey held at W/S 11AM

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

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

Date / Time	Action / Instruction
25/11/21	Final fig $3790 confirmed by email (Red 2960.80, 43%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 25/11/21-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Insp ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___S + RS. ___SI

Photos

Others

TOTAL

Prepared By: Merimen

Lump Sum / UPD: IBI :$3790