

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ N/S ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No: _____

at Workshop m/s SBS TRANSIT

of _____

Insured: _____

Policy No. _____

Claims No. SNM21D205277/C02

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

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: _____

Vehicle: IN / OUT

Veh No: SBS8347Z Yr Regn: 22 Sep 2008

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

Truck / Trailer or

Make: SCANIA / KUB4X2 8.9 c.c. 8867

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

Sp. Reading: 914389.6 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YS2K4X20001861633 *

Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: ☒ 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

Front

Rear

R/Bal. 6 mm R/Bal. 6/6 mm

L/Bal. 6 mm L/Bal. 6/6 mm

D.O.A. _____ D.O.I. 30-11-2021

Survey held at W/S 11:30

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

Complete estimate give later

07/03/22 Submit final fig \$2307, 2 days. (repair cost not conclude)

Date/Time, File Pass to?

☐ : Preli. Report

1) 07/03 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : A/Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Copy/MPB: