

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD TP / S / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s TOWER TRANSIT
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMB3516U Yr Regn: 08 Aug 2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
 Make: ALEXANDER DENNIS ENVIRO500c.c 8849
 Colour: Multicolor A/C: Insured / Std / NI / NA
 Sp. Reading: 430845.7 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SFD76CLR5EMTL3381 *
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: inorder / Jammed / Leaked / Burnt or
 Brake: inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or _____

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

<input checked="" type="checkbox"/>	N/S	O/S

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

Tyre Size: F: 205/70R22.5
 R: 205/70R22.5
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or FIRENZA

<u>Front</u>	<u>Rear</u>
R/Bal. <u>6</u> mm	R/Bal. <u>6/6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6/6</u> mm
D.O.A. _____	D.O.I. <u>10-12-2021</u>

Survey held at W/S 3:50PM
 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
	ESTIMATE GIVE LATER

Date/Time, File Pass to? : Preli. Report
 : Final Report

1) _____
 Date/Time, File Return to? _____

2) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : W/weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 3 + RS. SI _____
 Photos _____
 Other: _____
 TOTAL _____