ASS. REC. BY: Faujiah | REF: CS/AIG21012620/TIVF3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMV 968M

Policy No. 2070116205

Claims No. 0176011626SG

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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS CUP

Date: _____ Person Contacted: Simon Vehicle: IN / OUT

Veh No: SG5318P Yr Regn: 2016, March

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

Make: Volvo B9TL c.c 9364

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

Sp.Reading 477718 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV3S4P921GA476443

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIL / S/Rim / STD A/Rim or _____

Tyre Size: F: 275/70R22.5

R: " " (D)

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8/8 mm
L/Bal.	8 mm	L/Bal.	8/8 mm
D.O.A.	10/12/21	D.O.I.	15/12/21 @ 11am

Survey held at Bedok Bus Depot

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

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

Date / Time	Action / Instruction
	M/S will give estimate.
19/1/22	Submit $3926 (un-confirmed) (Red 184, 4%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 19/1/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Rep Formed : _____

Lump Sum / I.C.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	