

CS3

ASS. REC. BY: Tauji

REF: CS/AWA 21012941/TIGJS

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: _____

Policy No. _____

Claims No. NSV2100163/HLF

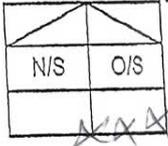
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SG5515L Yr Regn: 2017, Sep

Type: M.Cár / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Volvo B9TL c.c. 9364

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

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

Eng/No: _____

C/No: YV334P925-HA183185

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 275/70R22.5

R: 225/70R22.5

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. _____ D.O.I. 21/12/21 @ 430pm

Survey held at SBS Deje Lane Depot

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
	\$7000-\$8000
27/04/22	Submit PRS.

Date/Time, File Pass to? : Prel. Report
1) 27/04 Typist : Final Report

Date/Time, File Return to?

2) _____

Report Format: PRS

Lump Sum / L.S. (\$) _____

Days Of Repair: 7

Resurvey No. of Trip: _____

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

Survey Fee:	_____
Transportation:	_____
_____ S + RS. SI	_____
Photos	_____
Others	_____
TOTAL	_____