

Steve

CS/ASM22003762/Eqy31

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. S2M03Z3N

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
XX	

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 1 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: SG1145Y Yr Regn: 14/12/2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mercedes-Benz Citaro c.c. 7700 6374Colour: Green A/C: Insured / Std / NI / NASp. Reading: 278078 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WEB62808323130945

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Mod: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 19/4/22 D.O.I. 22/4/22Survey held at SBS Transit

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

Rear LH

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

Date / Time Action / Instruction

25/04/22 @ 3.52pm revised to Chan Kian Chuan via Merimen.

Submit final fig \$2210; 1 days. (repair cost not conclude)

Date/Time, File Pass to?



Prel. Report



Final Report

1) 25/04 Typist

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I. (%) _____

Days Of Repair: 1

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL