

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ / VS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s SMRT BUS

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(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: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SG5759A

Yr Regn: 06 Jun/2016

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

Truck / Trailer or

Make: MAN / A95

c.c 10518

Colour: GREEN

A/C: Insured / Std / NI / NA

Sp. Reading 72318.8

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMAA95ZZ5G7003215 \*

Gen. Cond ☒ Good ☐ Fair / Poor / BurntSteering: ☒ Inorder ☐ Jammed / Leaked / Burnt orBrake: ☒ Inorder ☐ Jammed / Leaked / Burnt orModi: ☒ Nil ☐ Rim / STD A/Rim or

Tyre Size: F: 275/70R22.5

R: //

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

TOYO / YOKO or FIRENZA

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. 29-04-2022

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

Yes ☒ No ☐ BI Involved

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Filed:

Long Copy/MP/...