

ASSIGNMENT:

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

cl _____

Insured: _____

Policy No. _____

Claims No. _____

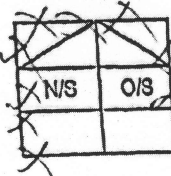
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Veh No: SBS 6403H Yr Regn: Jul, 13

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

Truck / Trailer or

Make: Mercedes-Benz Citaro c.c. 7700

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

Sp. Reading: N/A T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WKB62808323125102

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 295/80R22.5

R: _____

☒ DUN / EXNOVA / GY / FS / LIZ / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 11/7/2 D.O.I. 16/6/22

Survey held at Tower Transit

Des. of Damages: ☒ Frt / ☒ Rear / ☒ D/S / ☒ N/S / UIC / Roof top or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Cannot Print Part value
	Waiting estimate
16/9	Submit preli report: C Preli fig \$94,863.27; Check items: \$173,431.36
20/9	Revert total loss to Esther thru email.
4/10	Spoken to Esther, we can proceed to submit total loss report.
	Submit uneconomical total loss report.
	C Est. Value: \$151,308.70 LTA: \$0 Net: \$151,308.70
	Estimated

Date/Time, File Pass to?

☒ : Preli. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / L.R.: _____

Days Of Repair: 50

Resurvey No. of Trip: _____

Site Insp (\$ _____)

Interview (\$ _____)

Tech, Invs (\$ _____)

Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$1

Phone:

Others:

TOTAL

16/9/22

289 x 15 = 4335

1704 4335

50

221

680

4776