

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☐ N/S ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Inspect Vehicle No: _____
 at Workshop m/s TOWER TRANSIT

of _____
 Insured: _____

Policy No. _____

Claims No. _____

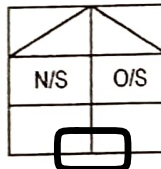
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 10 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: SG5794Y Yr Regn: 19 Aug/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: 497713.4 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAA95ZZ7G7003359 *

Gen. Cond: ☒ Good ☐ Fair ☐ Poor ☐ Burnt

Steering: ☒ ☐ Jammed / Leaked / Burnt or

Brake: ☒ ☐ Jammed / Leaked / Burnt or

Modi: ☒ Nil ☐ S/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. 08-07-2022

Survey held at W/S 4PM

Des. of Damages: Frt / ☒ Rea ☐ O/S ☐ N/S ☐ U/C ☐ Rooftop or

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

Date / Time Action / Instruction
 26/01/2023 Finalised final fig \$21,766.40 with 10 days with Lynn. Red \$13,154.12; 38%)

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : W/Weekend (\$

\$ + RS. SI

Photos

Other:

TOTAL

Report Effect: TP

Lump Sum ☒ \$21,766.40