

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☒ N/S / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s SMRT
 of _____
 Insured: SMP 512B
 Policy No: _____
 Claims No. MT/1195938-002
 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
☐	☐

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 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: SG5700T Yr Regn: 10 Aug/2017
 Type: M.Car / M.Cycle ☒ Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: ALEXANDER DENNIS c.c. 8849
 ENVIRO500
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 238772 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: SFD76CLR5GMTL4365 *
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ norder / Jammed / Leaked / Burnt or
 Brake: ☒ norder / Jammed / Leaked / Burnt or
 Modi: ☒ Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 385/70R22.5
 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. 4/11/2022 D.O.I. 11-11-2022
 Survey held at W/S 2:30PM
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 FRONT N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
29/12/22	Final fig \$792 confirmed by email (red 1625.20, 67%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 29/12/22-typist

Report Filed: TP

Final Cost / REP: \$792

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

W/End (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL