ASS. Rec. BY: GQ | REF: CS/EGI22011590/Gwy3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / T/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.**

N/S	O/S
☐	

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: I.B.I % 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 500689 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WMAA95ZZ7G7003359 *

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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.	18-11-2022

*Survey held at W/S 11:50

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

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

Date / Time	Action / Instruction
	14/02/2023 Finalise P/P $ 3,768.00 @ 4 days (Red $3,555.75/49%)

Date/Time, File Pass to?
1) 14/02/2023 typist
Date/Time, File Return to?
2)

☐ : Preli. Report
☑ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)
☐ : Interview ($)
☐ : Tech. Insp ($)
☐ : Weekend ($)

Survey Fee:
Transportation:
__$ + RS.__SI
Photos
Other:
TOTAL

Project Funded : TP
Lump Sum / I.B.I : P/P $3,768.00