

ASS. REG. BY: T. J. M.

REF: CS/CT/220/2023/TWPS

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / MS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workstop/m/s _____
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SG6214Z Yr Regn: 2021, Sep
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: 83274 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WM A A 95276 L F 011971
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 275/70R22.5
R: n(12)
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
<u>W</u>	

Bal. or Market Value: _____
IDAC Accident Rpt: _____ 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: Simon
Vehicle: IN / OUT

Front Rear
R/Bal. 8 mm R/Bal. 8/8 mm
L/Bal. 8 mm L/Bal. 8/8 mm
D.O.A. _____ D.O.L. 01/12/22
Survey held at SBS Transit Redok.
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
	<u>w/s will pass estimate later</u>

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

Date/Time, File Return to?
2) _____

Report Format : _____
Lump Sum / I.B.R. / _____

Days Of Repair: _____
Resurvey No. of Trip: _____

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

Survey Fee:	
Transportation:	
S + RS \$	
Photos	
Others	
TOTAL	