(08/11/13) wef

ASS. REC. BY: Marcus

REF: CS/AIS2201272U/U

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: XD 2213J

at Workshop m/s Mehlman

of

Insured: GBC 1994K

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: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 939.

Vehicle: IN / OUT

Date: Person Contacted: LTA & 20

Veh No: XD 2213J Yr Regn: 12/02/08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or CM

Make: HINO FS1ELKD 12913

Colour Pink/Blue A/C: Insured / Std / NI / NA

Sp.Reading 43459Y T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHDFS1ELKXXX10083

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : NI / S/Rim / STD A/Rim or

Tyre Size: F: 295/80 R22.5 Golden Crown

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 6/6 mm
L/Bal.	6 mm	L/Bal.	6/6 6/6 mm
D.O.A.	29/11/22	D.O.I.	27/12/22

Survey held at

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

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

Date / Time	Action / Instruction
	Rear TMA Counted 11-02-2023

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

__S + RS,__SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)