

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

CS/L1P22012966/4wy3

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

XB96547

at Workshop m/s

Mohlian

of

Insured:

XE63657

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:

\$40k.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

18

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

C158d

Vehicle: IN / OUT

Date:

Person Contacted:

LTA 55899

Veh No:

XB96547

Yr Regn:

10/06/05

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

CM /

Make:

Nissan CWB45 c.c 12503

Colour

Green/Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

459673

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

CWB45 AP 00264

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:

R:

275/80R22.5

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Mitsubishi

Front

Rear

R/Bal.

F

mm

R/Bal.

5/5 5/5 mm

L/Bal.

F

mm

L/Bal.

5/5 5/5 mm

D.O.A.

20/12/22

D.O.I.

3/1/23

Survey held at

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

Rf.

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

Date / Time

Action / Instruction

Rep / 6k.

8 tone crane collected 09-06-2025

301 2 yrs 5mth 2715k.

Nett 834101

01/03/2023 2/5 \$ 28,000 informed Sihui @18 days (Red \$71,985.03/72%)

Date/Time, File Pass to?

01/03/2023

1) TYPIST

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 18 days

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format : TP

Lump Sum / I.B.I. (\$ L/S \$28,000)