(08/11/13) wef

ASS. REC. BY:

REF: NS/INC 23001083/GVY3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No. _____

at Workshop m/s SG 5599U

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh. had commenced its repair at the time of inspection.

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SG 5599U Yr Regn: 2 / 2017

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

Make: Volvo B9TL 9.4L Auto Turbo ABS C.C 9364

Colour: Green A/C: Insured / Std / NI / NA

Sp.Reading: 310858 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV3S4P923HA * 180947

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: 275/70 R22.5

R: 275/70 R22.5 (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Firenza

Front		Rear	
R/Bal.	7 mm	R/Bal.	7/7 mm
L/Bal.	7 mm	L/Bal.	7/7 mm
D.O.A.	22/11/22	D.O.I.	28/11/22

Survey held at SMRT

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

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

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

Survey Fee:	
Transportation: ___S + RS___SI	
Photos	
Others	
TOTAL	