ASS. REC. BY:

REF: U01 CS/UOI20003830/Atf3

ASSIGNMENT

From: Date: 11.3.2020

Estimated Cost:

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

To Inspect Vehicle No: GBD 8130K

at Workshop m/s Joo Hak Kee

of Blk 3007 Ubi road 1 #01-406

Insured:

Policy No.

Claims No.

Sum Insured: Excess: $500.00

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBD8130K Yr Regn: 2015, May

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

Truck / Trailer or

Make: Nissan NV200 c.c 1461

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

Sp.Reading 66213. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VSKCYBAM20Z0100904

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: 185R14C

R: 185R14C

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

TOYO / YOKO or Giti

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	11/03/20

Survey held at JHC.

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

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

Date / Time	Action / Instruction
	OD @ U01
	lump Sum $10,000/- (Red. 6114.64; 37%)
	MV : 32K.
	PV : 21.4K
	Nett: 10.6K.

Date/Time, File Pass to?

1) 15/4 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Report Format : OD

Lump Sum / I.B.I: ($ 10,000/-)

Days Of Repair: 8

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

11x25=275

Survey Fee:	250+275
Transportation:	60
S + RS SI	80
Photos	95
Others	
TOTAL	760