

CS3/ASM19018878/Qvf3 -1

7/001/2002

ASS. REC. BY:

REF: ~~CS3/ASM19018878/Qvf3~~

Special Instruction:

Surveyor: Sun An ASSIGNMENT (Office) 20/04/2020

From (Person): Richard Ang of ASM (ACA) Date/Time: ~~23/4/19~~

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / DIV / MV / CS

To Inspect Vehicle No: SLJ 3318U Insured: SDA 6000H

at Workshop m/s JAS Auto Service Tel: 63974615

of 60 Jalan Lam Hwat Carnes Centre #05-06/07

Policy No: _____ Claim No: SQ1M0247N

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12-10-2019

(Client's Record) CA / REV / REP. / REV 24 HRS imp H.O.D. Endorsement: _____

Date/Time: 4-11-19 1.00pm Person Contacted: Gibson Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SLJ3318U-X
	SDA6000H-X
	Demantle: 25/10/2019

ASS. REC. BY: Sun Pin.

REF: ASM (AXB)

1287811

ASSIGNMENT

From: _____ Date: 24.10.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SLJ 3318U

at Workshop m/s JAS Auto Services

of 60 Jalan Lam Hunt Carroz Centre #05-06/07

Insured: _____

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS my

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLJ 33184 Yr Regn: 31/May/2014

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

Make: BMW M6 4.4 AT c.c. 4395

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

Sp. Reading: 83498. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBS6C92030PV74404

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: 265/35 ZR 20

R: 265/35 ZR 20

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>12/10/2019</u>	D.O.I. <u>24/10/2019</u> <u>0728p</u>

Survey held at JAS Auto Services.

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

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

Date / Time	Action / Instruction
	PRs case.
	MV: 232,000
	Repair day - 3 days
	Repair Range - 2K-3K
	<i>[Signature]</i>
	3/11

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

1) : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:	100
Transportation:	
S + RS: SI	
Photos	
Others	
TOTAL	100

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: PRs

Lump Sum / F.B. / C: _____