ASS. REC. BY: TGGM

REF: CC4/AIG2000539/Bka3

Khanchua

ASSIGNMENT

From: _____ Date: 11/5/2020

Estimated Cost: _____

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

To Inspect Vehicle No: GBG 7556G

at Workshop m/s Jean Autopro

of 160 Sin Ming Dr. #01-14

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: 48,000 plus body

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 14 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: GBG 7556G Yr Regn: 24/10/2017

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

Truck / Trailer or _____

Make: Hyundai H1 Starex c.c 2497

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

Sp.Reading 36702 T/Radio: Insured / Std / NI / NA

Eng/No: D4CBG053233

C/No: KMFWBX7KLHU847613

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: 215/70/16 FALKEN

R: 215/70/16 NEXEN

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

TOYO / YOKO or FRT FALKEN/REAR NEXEN

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	8/5/2020	D.O.I.	11/5/2020

Survey held at Jean Autopro

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
	In view of the COR being at $15800/= lump sum. L/S repair requested by Workshop.
	Recomendation for COR is at NV $9362/= with 14 repair days.
	Lamp 16,150/=
	TGGM 14/5/2020
	MV 48,000/= plus body
	PV 38,638/=
	NV 9,362/= TGGM 14/5/2020

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 ($ _____)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

Report Format : _____

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