

ASS. REC. BY: TGTm

REF:

CC4/ASM 20007269/PS 3

ASSIGNMENT

From: _____ Date: 14/7/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLM 29464

at Workshop m/s Deam Autopro

of 160 Sin Ming Dr #01-14

Insured: _____

Policy No. _____

Claims No. _____

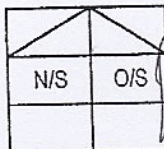
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 51,000/2

IDAC Accident Rpt: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLM 29464 Yr Regn: 27/3/2017

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

Truck / Trailer or _____

Make: Mazda 3 c.c. 1496

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

Sp. Reading: 38950 T/Radio: Insured / Std / NI / NA

Eng/No: P50430908

C/No: JM6BN22A8HD1A*3495

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: 205/60/16

R: 205/60/16

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm

R/Bal. 5 mm

L/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 11/7/2020

D.O.I. 14/7/2020

Survey held at Deam Autopro

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

sub-frame

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

Date / Time	Action / Instruction
	Range 16,000/- - 17,000/2
	HS 16,150/2 28/7/2020
	COR recommended is NV of 7,200/2. HS being higher than NV
8/11/2020	Rec'd email from Mr Lim - NV = #934.W. Train
	22/7/2020
	MV 51,000/2 → MV: 53000.00
	PV 43,776/2 PV: 43766.W
	NV 7,234/2 NV: 9234.W
	TGTm 16/7/2020

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

1)

Report Format:

Lump Sum / L&L: C)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Inv (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL