ASS. REC. BY: TGTim

REF: CC4/ASM2007269/PS3

ASSIGNMENT

From: _____ Date: 14/7/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLM 2946Y

at Workshop m/s Ream 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: 51,000/-

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: SLM 2946Y 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: P5Y430908

C/No: JM6BN22A8H0143495

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 Ream 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/-
	L/S 16,150/- 28/7/2020
	COR recommended is NV of 7,200/-. L/S being higher than NV Taim 22/7/2020
8/11/2020	Rec'd email from Mr Lim - NV = $934.00.
	MV 51,000/- → MV : 53000.00
	PV 43,776/- PV : 43776.00
	NV 7,234/- NV : 9234.00 TGTim 16/7/2020

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Rep. Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	