

ASS. REC. BY: TGLM

REF:

LS/UD120011776/Bcf3

ASSIGNMENT

From: _____ Date: 27/10/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SLJ 3915X

at Workshop m/s Dean Autopro

of 160 Sin Ming Dr #01-14

Insured: Casey 81399703

Policy No. _____

Claims No. _____

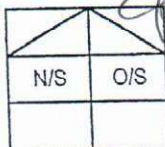
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 56,000/-

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLJ 3915X Yr Regn: 7/12/2016

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

Truck / Trailer or _____

Make: Honda Vezel C.C. 1496

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

Sp. Reading: 149247 T/Radio: Insured / Std / NI / NA

Eng/No: L15B4024122

C/No: RU11104119

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or BT

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60/16

R: 215/60/16

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

TOYO / YOKO or Champion

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 24/10/2020 D.O.I. 27/10/2020

Survey held at Dean 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

Range 5,000/- - 6,000/-

16.07.2021 5.36pm John Ko confirmed LS \$5,650.00 ; 7 days thru email. (Red \$9,319.32 ; 62%)

L/S 5,800/- TGLM 4/11/2020

MV 56,000/- 09/04/2021 - 10% reduction To remove item S/H 3, 5

PV 38,734/- Tyre price to reduce to 154.00

NV 17,266/- Lchm to change to 600.00. Painting 500.00 29/10/2020

To Submit

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: TP

Lump Sum L.S.H.C. \$5,650.00