ASS. REC. BY: TGTim

REF: CS/U01200111776/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 Ocean 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.

N/S	O/S

Bal. or Market Value: 56,000/-

IDAC Accident Rport: _____ 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. / 24 HRS 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: RU1104119

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 Champiro

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 Ocean 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/-
	L/S 5,800/- TGTim 4/11/2020
	MV 56,000/- 09/04/2021 - CSR reviewed. To remove item S/H 3,5
	PV 38,734/- Tyre price to reduce to 154.00. TGTim
	NV 17,266/- Lchow to change to 600.00. Printing 500.00 29/10/2020
	To Submit.

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

1) _____

Date/Time, File Return to?

2) _____

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	