ASS. REC. BY: TGLim | REF: CC4/ASM20012427/BPS 3 | Hsiao Tong

ASSIGNMENT

From: _____ Date: 12/11/2020

Estimated Cost: _____

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

To Inspect Vehicle No: SJG 5600E

at Workshop m/s Ocean 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: 57,000/-

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 8 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: SJG 5600E Yr Regn: 25/11/2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mazda 5, 5dr Wagon c.c 1998

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

Sp.Reading 131388 T/Radio: Insured / Std / NI / NA

Eng/No: PE10281776

C/No: JM6CW1071G0122878

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: 205/55/16

R: 205/55/16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	12/11/2020	D.O.I.	12/11/2020

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 2,000/- 3,000/-
	$7,000.00
	COR recommended is L/S ~~3,000/-~~ TGLim 26/11/2020
	MV 57,000/-
	PV 42,609/-
	NV 14,391/-

TGLim 12/11/2020

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

1) _____

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Rep[redacted] Format : _____

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

Survey Fee:	
Transportation:	
S + RS S	
Photos	
Others	
TOTAL	