ASS. REC. BY: TGUM | REF: CS/AIG200/2791/Bvd3 | Veron

ASSIGNMENT

From: _____ Date: 20/11/2020

Estimated Cost: _____

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

To Inspect Vehicle No: GBD 4419E

at Workshop m/s Jeam 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: 39,000/-

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: GBD4419E Yr Regn: 28/10/2014

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

Make: Toyota Hiace Zurbo c.c 2982

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

Sp.Reading 284766 T/Radio: Insured / Std / NI / NA

Eng/No: 1KD2448859

C/No: JTFHT02P000150895

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: 195 R15

R: 195R15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	30/10/2020	D.O.I.	20/11/2020

Survey held at Jeam 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
	MV 39,000/-
	PV 13,921/-
	NV 25,079/-

Tgum 20/11/2020

Date/Time, File Pass to? [ ] : Preli. Report

1) _____ [ ] : Final Report

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__SI	
Photos	
Others	
TOTAL	