

ASS. REC. BY:

TGLM

REF:

CC4/AUG21001033/Bpa3

Hsiad Jang

ASSIGNMENT

From:

Date: 21/1/2021

Estimated Cost:

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

To Inspect Vehicle No: SKU 6099K

at Workshop m/s Auburn Auto

of 176 Sin Ming Dr. # 04-18

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: 50,000/2

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKU 6099K

Yr Regn: 4/8/2015

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

Truck / Trailer or

Make:

Toyota Corolla Altis C.C. 1598

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading:

181882

T/Radio: Insured / Std / NI / NA

Eng/No:

1ZR X521420

C/No:

MR.053REH104535921

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

Kumho

R: 205/55/16

Yoko

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.I. 19/1/2021

D.O.I. 21/1/2021

Survey held at

Auburn Auto

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

Recommended CR L/S 1250/2 TGLM Uni

MV 50,000/2

PV 37,536/2

NV 12,464/2

TGLM Uni

22/1/2021

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Format:

Lump Sum / L.B.H. ()

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$