ASS. REC. BY: TGUM   REF: CS/SM021001268/BKvf3   Veron

## ASSIGNMENT

From: _____ Date: 27/1/2021

Estimated Cost: _____

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

To Inspect Vehicle No: SJL 4230 U

at Workshop m/s Deam 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.

Bal. or Market Value: 46,000/=

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 6 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: SJL 4230 U   Yr Regn: 26/11/2008

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

Make: Honda Stream   c.c 1799

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

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

Eng/No: RA181792378

C/No: RN 61083288

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: 225/45/17
            R: 225/45/17

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

| | Front | | | Rear | |
|---|---|---|---|---|---|
| R/Bal. | 6 | mm | R/Bal. | 6 | mm |
| L/Bal. | 6 | mm | L/Bal. | 6 | mm |

D.O.A. 24/1/2021   D.O.I. 27/1/2021

Survey held at   Deam 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 2000/= - 3000/= |
| | COR recommended 4/s 2,900/=   TGum |
| | MV 46,000/= |
| | PV 24,893/= |
| | NV 21,107/= |

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

1) _____
Date/Time, File Return to?

2) _____

Report Format : _____

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

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS___ SI

Photos _____

Others _____

TOTAL _____

N/S   O/S