

ASSIGNMENT

From: _____ Date: 27/1/2021
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SJL 4230U
 at Workshop m/s Jeam Autopro
 of 160 Sunning Dr. # 01-14
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SJL 4230U 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 _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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 Jeam Autopro
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

Bal. or Market Value: 46,000/2
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Range 2000/2 - 3000/2</u>
	<u>CR recommended 43,200/2 TGum</u>
	<u>MV 46,000/2</u>
	<u>PV 24,893/2</u>
	<u>NV 21,107/2</u>
	<u>23/03/2021 - CR removed to proceed.</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Rep. Format: _____
 Lump Sum / E.B. / C: _____

Days Of Repair: 3
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Invs (\$))
 : Weekend (\$))
 Survey Fee: _____
 Transportation: _____
 S + RS: _____
 Photos _____
 Others _____
 TOTAL _____