

ASS. REC. BY: TG Lim

REF:

CS/CT121002176/BVf3Veron**ASSIGNMENT**From: _____ Date: 17/2/2021

Estimated Cost: _____

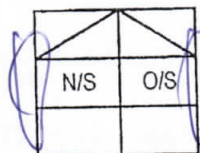
OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: GBJ2950Tat Workshop m/s Team Autoproof 160 Sin Ming Dr, #01-14Insured: SLN 9112 KPolicy No. DMHCSNA00005692000Claims No. SNMJ1D20088502 / KAH LEONG

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: 72,000/2

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 24 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS W7

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBJ2950T Yr Regn: 3/3 / 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toyota Dyna 3.0 c.c. 2982Colour Blue A/C: Insured / Std / NI / NASp. Reading Not readable, Bat. damaged T/Radio: Insured / Std / NI / NAEng/No: 1KD2827365C/No: KDY2318035942Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: NI / S/Rim / STD A/Rim orTyre Size: F: 195 / 15 ARIVOR: 195 / 15 CONDOR

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 14/2/2021D.O.I. 17/2/2021Survey held at Team AutoproDes. 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
	<u>Range 2500/2 - 2600/2</u>
	<u>29,650 CRed 6600-03, 699</u>
<u>24/5/21</u>	<u>Recommended COR is L/S \$25,650/2 Team Lim</u>
	<u>16/5/2021</u>
	<u>MV 72,000/2 07/06/2021 - COR removed. Engine oil seeped into</u>
	<u>PV 19,292/2 the engine. COR too high. Team Lim</u>
	<u>NV 52,708/2 MLR oil seeped in if queried. 18/2/2021</u>

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 24

1)

☐ : Final ReportResurvey No. of Trip: 2

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 8/6- typistAdd Fee: ☐ : Site Insp (\$ _____)

S + RS. SI

☐ : Interview (\$ _____)

Photos

☐ : Tech. Invs (\$ _____)

Others

☐ : Weekend (\$ _____)

TOTAL

Rep. Format: MerimenLump Sum / L.B.I. : 29,650/2