

ASS. REC. BY: TGUM REF: CS3 CS/CT121003803/Bgf3 Shiau Chan

ASSIGNMENT

From: _____ Date: 25/3/2021
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SMP 5561B
 at Workshop m/s Yap Motor
 of Blk 7 Sui Ming Ind. Est. # 01-82
 Insured: _____
 Policy No. DMPLSNW00171432000
 Claims No. SNM 210201301/002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMP 5561B Yr Regn: 03 / 2016
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mazda3 C.C. 1598
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 102239 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6BM42A840330936
 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: 225/45/18
 R: 225/45/18

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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 WP

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 5/3/2021 D.O.I. 25/3/2021
 Survey held at Yap Motor
 Des. of Damages: FR / 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 <u>4.60/2 - 5.00/2</u> <u>3K - 3.8K.</u>
	To Submit <u>23/04/2021</u>
	<u>TGUM</u>
<u>23/4/2021</u>	submit PRS

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) 23/4 TYPIST
 Date/Time, File Return to?
 2) _____

Days Of Repair: 6
 Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	
S + RS. SI	
Photos	
Others	
TOTAL	

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Rep. Format: PRS
 Lump Sum / L.B. / C