ASS. REC. BY: TGLim | REF: CC4/ASM2/005871/Bga3 | Cecilia

ASSIGNMENT

From: _____ Date: 18/5/2021

Estimated Cost: _____

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

To Inspect Vehicle No: SJP 6514S

at Workshop m/s Jeam AutoPro

of 160 Sin Ming Dr #01-14

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: 15,000/-

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJP 6514S Yr Regn: 31/3/2021

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

Make: Hyundai Avante c.c 1591

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

Sp.Reading 167576 T/Radio: Insured / Std / NI / NA

Eng/No: G4FC9U625252

C/No: KMHDU41BR9U721031

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: 185/65/15

R: 185/65/15

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	22/4/2021	D.O.I.	18/5/2021

Survey held at Jeam 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 1,000/- - 2,000/-
	$1700.00
	Recommended CoR is 4S ~~+155/-~~ TGLim
	~~* 400.00 only to be calculated with labour, provided invoice is submitted~~
	MV 15,000/-
	PV 7,129/-
	NV 9,871/-

TGLim 14/6/2021

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

1) _____ ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format: _____

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

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