ASS. REC. BY: TGLim | REF: 3 CS/ASM2200 1982/BVy 3 | Veron

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLS 5418D

at Workshop m/s Celebrity Auto

of 176 Sin Ming Dr #03-18

Insured: SKT 9963B

Policy No. _____

Claims No. S2M03U8D

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 75,000/-

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 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: SLS 5418D Yr Regn: 27/2/2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Mazda 6 2.0 c.c 1998

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

Sp.Reading 91680 T/Radio: Insured / Std / NI / NA

Eng/No: PE20915639

C/No: JM6GL107 1H0123800

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: 225/55/17

R: 225/55/17

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.	23/2/2022	D.O.I.	2/3/2022

Survey held at Celebrity Auto

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
22/3/22	Range : 4,000/- - 5,000/-
	Survey photos taken on Wed 2/3/2022 @ 1:39:34 PM
	Resurvey photos taken on Wed 2/3/2022 @ 1:50:02 PM
	After paint photos Taken on Friday 4/3/2022 @ 1:06:14 PM
	MV 75,000/-
	PV 46,130/-
	NV 28,870/-

TGLim 2/3/2022

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 22/3/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

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	