ASS. REC. BY: TGUM | REF: CC4/FWD22002650/pg3 | Hsiao Dong

ASSIGNMENT

From: _____ Date: 23/3/2022

Estimated Cost: _____

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

To Inspect Vehicle No: SMX 7087Z

at Workshop m/s Bifrost Auto

of 8 Kaki Bt Ave 4 Premier #01-49

Insured: _____

Policy No. _____

Claims No. _____

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: 42,000/-

IDAC Accident Rport: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMX 7087Z Yr Regn: 5/5/2015

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

Make: Honda Vezel 1.5X c.c 1496

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

Sp.Reading 129635 T/Radio: Insured / Std / NI / NA

Eng/No: L15B3519583

C/No: RU1019565

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: 215/60/16

R: 215/60/16

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.	18/3/2022	D.O.I.	23/3/2022

Survey held at Bifrost

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 : 3,000/- - 4,000/-
	Recommended COR : LS $3,450/- TGUM Nim 1/4/2022
	MV 42,000/-
	PV 21,090/- TGUM Nim
	NV 20,910/- 23/3/2022

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : 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	