

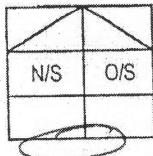
ASS. REC. BY: TGum REF: CS/8MR22004584/Bqy3 Shirley Chan

ASSIGNMENT

From: _____ Date: 18/5/2022
 Estimated Cost: _____
 OD / ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SKW 2026L
 at Workshop m/s Bifrost Auto
 of 8Kaki 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.



Bal. or Market Value: 46,000/-
 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKW 2026L Yr Regn: 21/10/2015
 Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Nissan Dashqai 1.2 c.c 1197
 Colour: Grey 100746 km A/C: Insured / Std / NI / NA
 Sp. Reading: 62601 miles T/Radio: Insured / Std / NI / NA
 Eng/No: HRA2185130A
 C/No: SJNFEAJ11U1474794
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or _____
 Brake: ☒ In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / ☒ SKM / STD A/Rim or _____
 Tyre Size: F: 215/60/17
 R: 215/60/17
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front _____ Rear _____
 R/Bal. 3 mm R/Bal. 3 mm
 L/Bal. 3 mm L/Bal. 3 mm
 D.O.A. 16/5/2022 D.O.I. 18/5/2022
 Survey held at Bifrost 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
	Range : 4,000/- - 5,000/-
	Recommended car : LS \$4,450/-
24/9/2020 11.33am	finalised with Jo LS \$4400, 6 days by email.
	(Ref 17061-23,747)
MV	46,000/-
PV	28,269/2
NV	17,731/2

Date/Time, File Pass to?

☐ : Preli. Report

26/9 11.33am

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: TR

Lump Sum / L.B. / C

4400

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

TGum
19/5/2022