22/03/2002

ASS. REC. BY: | REF: CS/ CTL1700 53146 /R1Tb | Special Instruction:

Surveyor : Rasul

ASSIGNMENT (Office)

From (Person): Jason Tea of CTL Date/Time: 17032017

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJY ~~SGY~~ 7770P Insured: GZ 8277X

at Workshop m/s Carlife Auto Tel: 6273 3810

of Blk 1002 Bukit Merah Lane 3 #01-75

Policy No: Claim No: SNM17D000410

Sum Insured: Excess:

Make of Veh: D.O.A. 17.01.2017
(Client's Record)

CA / REV / REP. / REV 24 HRS (Wp)

Date/Time: 17032017 11am Person Contacted: H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGY 7770P - x
	GZ 8277X - x
	$1200/-
	offer Lump Sum ~~$2000/-~~ CRed: 1014.40 (60%)

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 17/01/17 D.O.I. 17/03/17

Survey held at CARLIFE

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

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

1)

Date/Time, File Return to?

2)

Report Format : TP

Lump Sum / I.B.I: ($ 2000/-)

Days Of Repair: 3

Resurvey No. of Trip: —

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

Survey Fee:	130
Transportation:	
___S + RS. ___SI	
Photos	
Others	
TOTAL	