

22/02/2001

ASS. REC. BY:

REF: CS/ASM18003515/R1xd3st Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Kitty Teo of ASM Date/Time: 23/2/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBG 8375E Insured:

at Workshop m/s Sng Ah Tee Tel: 6268 6183

of Blk 3 pioneer road North

Policy No: Claim No: S8M 008 WY

Sum Insured: Excess: \$500.00

Make of Veh: D.O.A. 10/02/18

(Client's Record) 26/2/2018

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 3:01pm 23/2/18 Person Contacted: Joyce Vehicle: IN / OUT

Date/Time Action/Instruction (✓) Estimate

GBG 8375E-X

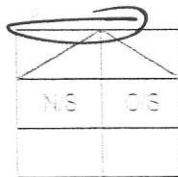
27/2/18 Revert by SMART claim

27/2/18 Rece authorise repair ex \$500

27/2/18 Informed Samantha c/A ex \$500 by email

28/2/18 final fig \$4090 confirmed by email (Red 2265, 369)

Date: **26/2/18**
 Estimated Cost: _____
 To inspect vehicle No: **GBG 8375E**
 at Workroom no: **Sng Ah Tee**
 of: **Blk 3 pioneer Rd North**
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record) _____
 Make of Ver: _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Ball or Market Value: **77K**
 IDAO Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val: Yes or No
 CA / **REP** / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle IN / OUT

Reg No: **GBG 8375E** Year: **2017** Nov
 Type: M Car M Cycle Bus **C** Lorry Taxi Prime Mover
 Truck / Trailer or _____
 Make: **CITROEN BERLINGO L216** 1560
 Colour: **RGD** A.C. Insured Std No: N/A
 SO Reading: **013959** T-Rad Insured Std No: N/A
 Engine: _____
 C.No: **VF77FBH4MHJ767923**
 Gen Cond: Good **C** Poor / Burnt
 Steering: **C** Jammed / Leaked / Burnt or
 Brake: **C** Jammed / Leaked / Burnt or
 Mod: N/A **C** / STD A/Rim or
 Tyre Size: **195/65R15**
 BS / DUN / EXNOVA / GY / PS / LIZA / MIC / HTSU / PIR / SUMI
 TOYO / YOKO or: **KLEBER**
 Front: _____ Rear: _____
 R.Ba: **7** mm R.Ba: **7** mm
 L.Ba: **7** mm L.Ba: **7** mm
 D.O.A: **10/02/18** D.O: **26/02/18**
 Surveyed at: **SNG AHTEE**
 Des. of Damages: **C** Rear / O/S / N/S / U/O Roof top or
 The U/O / Chassis frame / Body Structure affected due to collision

RECEIVED 02 AUG 2018

Date Time File Pass: ☐ Prel. Report
☐ Final Report
 Date Time File Return: _____

Days Of Repair: **5**
 Resurvey No. of Trip: **1**

Surve Fee
 Transport Fee

200

2/8 - typist

Add Fee: ☐ Site Ins: \$
☐ Night: \$
☐ After: \$
☐ Special: \$

Record Return: **SMART claim**
 Total Sum: **P/p \$ 4090 1/2**