

ASS. REC. BY:

REF: CS/CTI18017085/ Gvd3ⁿ² Special Instruction:Surveyor
MenimenFrom (Person): Guo Qiang
Chong Soon Sun

ASSIGNMENT (Office)

of CTIDate/Time: 19/9/18 @ 4:39pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDA 9989K

Insured:

XE 1298R

at Workshop m/s

Yew Hock Motor

Tel:

6747 23 84

of

Blk 9006, Tampines St. 93 # 01-210

Policy No:

DMCVSN1769041700

Claim No:

SNM18D04521C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/09/2018CA / REV / REP. / REV 24 HRS Cup26/09/2018 @ Morning

H.O.D. Endorsement:

Date/Time:

4:49pm @ 19/9/18

Person Contacted:

MichelleVehicle IN/OUT

Date/Time

Action/Instruction (✓) EstimateSDA 9989K - NA/NOI18016871/r3DOA: 12/9/18XE 1298R - NA/NOI18016871/r3DOA: 12/9/189/11/18Final fig \$ 6326.92 confirmed by email (Ref 2601.25, 2979 CNO LS)

Est. Repairs:

5 days

Res.: Yes or No

D.O.A.

D.O.A.

10-01-20

Lump Sum:

%

3 Val.: Yes or No

Survey held at

W/S12pmCA / REV / REP. 1-24 HRS CupDes. of Damages (Frt) Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

\$ 6247.44

RECEIVED 12 NOV 2018

9/11/2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

5

1)

☐

Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

2) 9/11 - typist

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

Menimen

Lump Sum / I.B.I. (\$)

6326.92

Survey Fee:

Transportation:

) \$ + RS, SI

) Photos

) Others

TOTAL

220