22/03/2002

ASS. REC. BY:

REF: CS|CTI18017639/ TIvd3 n2

Special Instruction:

Surveyor: Taufich

ASSIGNMENT (Office)

Merimen

From (Person): Irene fay of CTI Date/Time: 28/9/18 @ 11:48am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLH 17092Z Insured: SJK 4666B

at Workshop m/s Ethoz Group Tel: 8822 8339

of 30 Bukit Batok Crescent

Policy No: DMPCSN 300183/802 Claim No: SNM18D04 607 C02

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 24/09/18

01/10/2018

CA / REV / REP. / REV 24 HRS 'up'

H.O.D. Endorsement:

Date/Time: 11:56am @ 28/9/18 Person Contacted: Lee Chen Sin Vehicle IN / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	wksp request to survey on monday.
	SLH 17092-X
	SJK 4666B - NA/CTI1807367/24 DOA: 24/9/18
10/10/18	LS $ 2500 confirmed by email (Red 2042.15, 45%)

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. 6 mm L/Bal. 1 mm

D.O.A. D.O.I. 01/10/18 @ 4pm

Survey held at Ethoz BB

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

RECEIVED 11 OCT 2018

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Days Of Repair: 5 10/10 Taufith.

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 10/10 - typist

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

Survey Fee:	
Transportation: ___S + RS___SI	
Photos	
Others	220
TOTAL	

Report Format: merimen

Lump Sum / I.B.I: ($ 2500/-)