22/03/2002

ASS. REC. BY: | REF: CS/CTI18018651/GVD3 | Special Instruction:

Surveyor: Merimen Guo Qiang

ASSIGNMENT (Office)

From (Person): Catherine Thia of CTI Date/Time: 12/10/18 @ 3.33pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: Ef 8989K Insured: GBC 3912J

at Workshop m/s Sin Wee Chuan Tel: 67480573

of Blk 3021A Ubi Road 1 #01-40

Policy No: DMCVSN3025621800 Claim No: SNM18D04874C02

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 10/10/2018

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

Date/Time: 9-4pm @ 15/10/18 Person Contacted: Mike Vehicle ~~IN~~ / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate
	Ef 8989K - NA/CTI18018601/24 DoA: 10/10/2018
	GBC 3912J - NA/CTI18018601/24 DoA: 10/10/2018
15/10/18	VNI yet
16/10/18	wksp called vehicle in (unrepaired for survey)
24/12/18	@ 234pm Mike will email estimate

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 16-10-18

Survey held at w/s 2.30pm

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
16/10	Estimate Come later
06/3	Finalise $ 1000 (CLS) with Mike. (Rec 1626.70, 6279)

6/3/2019

RECEIVED 07 MAR 2019

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: —

Survey Fee: 220

Transportation:

Date/Time, File Return to? 2) 7/3 - typist

Add Fee: ☐ : Site Insp ($) ___S +RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format : Merimen

Lump Sum / I.B.I: ($ 1000/2)