REF: CTI

PBS

ASSIGNMENT

From: Date: 19/12/2018

Estimated Cost:

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

To Inspect Vehicle No: SJA 9024Z

at Workshop m/s H.T. Automotive

of 8 Kaki Bukit Ave 4 #03-24

Insured: premier.

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / wp

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJA 9024Z Yr Regn: 13/4/2008

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: BMW 335IA c.c 2979

Colour BLACK A/C: Insured / Std / NI / NA

Sp.Reading 142909 T/Radio: Insured / Std / NI / NA

Eng/No: 11256853N54B30A

C/No: WBAWL72090J2797238

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/35R19

R: 265/30R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 14/12/18 D.O.I. 19/12/2018

Survey held at H.T Automotive

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
	Range 6,000/2 - 7,000/2

27/12/2018

Date/Time, File Pass to?

1)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: —

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp ($) S + RS, SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format : PRS

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