

ASS. REC. BY:

REF: CS/CTI/9005524/Evd3n1 Special Instruction:

Survivor: Steve

ASSIGNMENT (Office)

From (Person): Chong Boon En of CTI

Date/Time: 28.3.19 1.08 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJW 4118D

Insured: SGN 6124E

at Workshop m/s Borneo Motor

Tel:

of 2 Pandan Crescent / Level 4

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 28.3.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 28.3.19 1.47 pm

Person Contacted: Thomas

Vehicle IN / OUT

Date/Time Action/Instruction (✓) Estimate

SJW 4118D - X

SGN 6124E - X

12/4/19 Final fig \$ 3499.80 confirmed by email (Red 6788.69, 66%)

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1up

Date: Person Contacted:

Vehicle: IN / OUT

D.O.A. 26/3/19

D.O.I. 10/4/19

Survey held at

Borneo Motor

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 12 APR 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

220

Report Format :

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