ASS. REC. BY: | REF: cs/CTI1900790I / Et d3 | Special Instruction: n2

Surveyor: Steve Muiren

ASSIGNMENT (Office)

From (Person): Gleinecheong of CTI Date/Time: 8/5/2019 @ 2.01pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKL 9661P Insured: GBE 55152

at Workshop m/s Transeuro Cars Tel: 63310683

of 27A Tanjong Penjuru.

Policy No: DMCVSN3002811900 Claim No: SNM19D2018900C02

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 25/04/2019

7/5/19 @ 3pm-3.30pm.

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement:

Date/Time: 2.38pm @ 6/5/19 Person Contacted: Eva Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKL 9661P - X
	GBE 55152 - CC3/EQ1170222222/Khong2 Dt: 20/11/17
	Confirm COR $21,138.95. 6days before GST.
	CRed: $4823.72. 19%)

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/Dal. / /

D.O.A. 25/4/19 D.O.I. 8/5/19

Survey held at Trans Euro Cars

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Front LH

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

Date / Time	Action / Instruction
	MV - 250K

Date/Time, File Pass to? 1) 8/9 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($ 21,138.95)

Survey Fee:

Transportation: $ +RS, SI

Photos

Others

220

TOTAL