

2/03/2002

ASS. REC. BY:

REF: 09/07/19009737/Hd302

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Chong Boon Sen

of

CTI

Date/Time:

03/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLF 2051K

Insured:

GU 36724

at Workshop m/s

Kah Motor

Tel:

of

255 Alexandra Rd.

Policy No:

DMCVSN16769119022

Claim No:

SNM19D202459

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30/5/19

CA / REV / REP. / REV 24 HRS

cup

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN (OUT)

Date/Time

Action/Instruction

Estimate ()

SLF 2051K x

GU 36724 x

Follow men measured vehicle

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

cup

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A.

30/5/19

D.O.I.

10/6/19

Survey held at

Kah Motor

Des. of Damages: Frt / Rear / O/S (N/S) / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MV - 105K

24/6/19

Finalize confirm with Sin Hai, \$16,212.08, 9 repair days. CKed: 4408; 21%

RECEIVED 25 JUN 2019

Date/Time, File Pass to?



Preli. Report



Final Report

Days Of Repair:

9

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

220

Transportation:

Photos

Others

TOTAL

220

Date/Time, File Return to?

2)

Report Format:

TP

Sum / I.B.I. (\$) 16,212.08