22/03/2002

ASS. REC. BY: ~~Surveyor~~: Marcus

REF: CS/CTI19011496/V9d3n2

Special Instruction:

ASSIGNMENT (Office)

From (Person): Chong Boon Sen of CTI Date/Time: 28/6/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJT 8204C Insured: CB 6442 Y.

at Workshop m/s Yew Tee Automobile. Tel: 67653373.

of Blk 6 Woodlands Rd 399F.

Policy No: DMB/SN17455318022 Claim No: SNM19D2029 76

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 22/6/2019.

CA / REV / REP. / REV 24 HRS

Date/Time: 28/6 Person Contacted: Vinnie. Vehicle (IN) / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓)
	CB 6442 Y : NBA/CTI19011147/Y D.O.A: 22/06/2019
	SJT 8204C : NBA/CTI19011147/Y D.O.A: 22/06/2019
25/7/19	Submit Preli. report.

GIA / PR Seen: / Consistent? : Yes or No

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

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

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 22/6/19 D.O.I. 28/6/19

Survey held at

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

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

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted: LTA8444

Date / Time	Action / Instruction
	COL 29-10-2019 4mth.
	~~Inform Winnie L/S $3500~~
25/7/19	Check with Repairer winnie vehicle claims O/D already liability not clear

RECEIVED 2 5 JUL 2019

Date/Time, File Pass to? [✓] : Preli. Report

1) 25/7 [illegible] [ ] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Invs ($) [ ] : Weekend ($)

Report Format :

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

Survey Fee:	
Transportation: ___S + RS, ___SI	
Photos	
Others	220
TOTAL	