

22/01/2001

AFS REC BY: CMD Chung

REF: C9/INC19012159/Gof3

Special Instructions

Survey: CMD Chung

ASSIGNMENT (Office)

From (Person): Cynthia Ang

of INC

Date/Time: 9/7/19 @ 10:00am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SML11455

Insured: YL 78452

at Workshop in/s: Thiam Hng Hwa

Tel: 82636295

of 176 Sin Ming Drive #05-14

Policy No:

Claim No: MT/1052031-003

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 4/7/2019

CA / REV / REP. / REV 24 HRS

9639 @ 1626 July

H.O.D. Endorsement:

Date/Time: 10:13am @ 9/7/19

Person Contacted: Steven

Vehicle: IN/OUT

Date/Time	Action/Instruction
	Estimate <input checked="" type="checkbox"/> ✓
	SML 11455 = X

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs: 7 days

Res.: Yes or No

Lum Sum: %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^(up)

Vehicle: IN / OUT

Date:

Person Contacted:

Local: 0 min

D.O.A.

D.O.I. 09-07-19

Survey held at W/S

4:30pm

Des. of Damages : Frt / Rear / OIS / NIS / UIC / Rooftop or

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

Date / Time

Action / Instruction

~~\$5000 - \$6000~~

US \$ 3,800/- @ 7 days
(\$ 16,351.80 Red - 81%)

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 7

1) Typist

: Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2)

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Report Format :

Lump Sum / L.S. (\$ 3,800/- US)

REC. BY: ml REF: INC

ASSIGNMENT

PRS

From: _____ Date: 9/7/19
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SML1145S
at Workshop m/s Thiam Heng Huat
of 176 Sin Ming Ave # 05-14
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SML1145S Yr Regn: _____
Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Opel Insignia c.c. _____
Colour: Silver A/C: Insured / Std / NI / NA
Sp. Reading: 12553 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: W0VZM6EF9K1035229
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or _____
Brake: In order / Jammed / Leaked / Burnt or _____
Mod: Nil / S/Rim / STD / Air Rim or _____
Tyre Size: F: 225/55R17
R: 11

(Policy Condition)

N/S	O/S

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

Bal. or Market Value: _____
IDAC Accident Rport: _____ Consistent?: Yes or No
GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 7 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS 1up
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front _____ Rear _____
R/Bal. 8 mm R/Bal. 8 mm
L/Bal. 8 mm L/Bal. 8 mm
D.O.A. _____ D.O.I. 09-07-19

Survey held at W/S 4:30pm

Des. of Damages: Frnt / Rear / OIS / NIS / UIC / Rooftop or _____
The UIC Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	\$5000 - \$6000
	<u>HS \$ 3,800/- @ 7 days</u>
	<u>(\$ 16,351.80 Red - 81%)</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
1) Typist
Date/Time, File Return to?

Days Of Repair: 7
Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:	_____
S + RS, _____ \$	_____
Photos	_____
Others	_____
TOTAL	_____

Report Format : _____
Lump Sum / I.B.I. (\$ \$3,800/- US)