Job Sheet (/ClaimWS/Surveyor/JobSheet/258671) PRI Documents Close

PRI Header Details

Claim No	D19007704MFSH	**Policy No**	D-19092579MFSH	**Claimant S.No & Name**	1 & TRANS CA
Workshop Name	TRANS-CAB AUTO SERVICES PTE LTD (Contact Person : KEK ZHEWEI)	**Survey Location & Contact Details**	NO. 2 ANG MO KIO STREET 63 **Mobile:** 0 , **Phone:** 62876666 , **Fax:** 62571330 **EmailId:** ZHEWEI.KEK@TRANSCAB.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHA9520G	**TP Vehicle No**	SHD438E
PRI Recieved Date	06-12-2019 08:35:29 PM	**Surveyor Appointed Date**	09-12-2019 05:23:49 PM	**Surveyor Accept Date**	14-12-2019 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	14-12-2019	**Upload Survey Report *:**	Choose File

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select Year
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks		Save

Date	Job Remarks	Action

FINAL SUMMARY

Surveyor Final Adjusted Amount		Surveyor Fees		Remarks	

Submit Assessment