22/03/2002

ASS. REC. BY: | REF: CS/CT2190228338/ K+fb | Special Instruction:

Surveyor : Kenneth

## ASSIGNMENT (Office)

From (Person): Irene Tay Hui Ping of CTI Date/Time: 30 December 2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKZ 7271X Insured: SMQ 5650Y

at Workshop m/s ~~Heng Yap Seng Auto Services~~ areo garage Tel: 91833098

of 160 Sin Ming Auto City #08-13

Policy No: DMHCSN1939851900O Claim No: SNM1912061340O2

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 25/12/2019

"wp"

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

Date/Time: 30/12/2019 @ 11:50pm Person Contacted: mr cheng Vehicle IN / OUT

| Date/Time | Action/Instruction ( V ) Estimate. |
|---|---|
| | SMQ 5650Y: X |
| | SKZ 7271X: X |
| 13/3 | estimate ready by Monday. 16/3/2020 |
| | lump sum $6000/- , 5days CRed: 17484 ; 7470) |

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (wp)

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 25/12/19 D.O.I. 14/1/2020

Survey held at ✓

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

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

| Date / Time | Action / Instruction |
|---|---|
| | Est not ready |

Date/Time, File Pass to?

1) 14/7/2020

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

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

Report Format : TP

Lump Sum / I.B.I: ($ 6000/- )

| | |
|---|---|
| Survey Fee: | |
| Transportation: | |
| S + RS, SI | |
| Photos | |
| Others | |
| TOTAL | |