

ASS. REC. BY: REF: CS3/CTI 2000/387/HS d3st Special Instruction:

Surveyor: Nock Ann ASSIGNMENT (Office)

From (Person): Tan Kah Leong of CTI Date/Time: 23/1/2020 @ 8:53am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBC 4853P Insured: GBH 3613X

at Workshop in/s Hup Ley Hwee Tel: 96773832

of 11caki Bukit Ave 6 # 01-35 Autobay

Policy No: DMCVSN19199619000 Claim No: SNM20D20043502

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 19/01/2020

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

Date/Time: 10:04am @ 23/1/2020 Person Contacted: Mr. Tan Vehicle: IN / OUT

Date/Time	Action/Instruction	Technician
<u>shiny</u>	<u>GBC 4853P-CC4/ASM/7020290/Kpa3y2</u>	<u>DOA: 15/10/2017</u>
	<u>GBH 3613X-X</u>	
	<u>* 4/2/20 → surge taken</u>	
	<u># 5/2/20 → turning wheel</u>	
	<u># 10/2/20 → after paint taken</u>	

GIA / PR Seen: Consistent: Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS imp

Date: Person Contacted: Vehicle: IN / OUT

L/Ddt. 0 / mm L/Ddt. 2 x 7 mm

D.O.A. 19/1/20 D.O.I. 4/2/20

Survey held at Hup Ley

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

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

Date / Time	Action / Instruction
	<u>Page → 5-6</u>
	<u>Apr Page → 6</u>
	<u>3/2/2020</u>
	<u>MV - 19000</u>
	<u>PV - 16221</u>
	<u>MV - 2779</u>

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

1) 13/02/20 : Final Report

Date/Time, File Return to? 2)

Rep. Form: PRS

Lump Sum / L.P. / C

Days Of Repair: 5

Resurvey No. of Trip: 2

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

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