

22/03/2012

ASS. REC. BY:

REF: CS/CT1 20003735/TISf3

Special Instruction:

SURVEYOR: Tan Kah Leong

ASSIGNMENT (Office)

From (Person): Tan Kah Leong

of CT1

Date/Time: 9.3.2020 12.17p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YN 9495B

Insured:

at Workshop in/s Sng Ah Tee Motor & Panel

Tel: 6268 6183

of B1K 3 Pioneer Road North, 101-18

Policy No: DMCVSN 3074 451900

Claim No: SNM 2012 201060 / YN9495B/TKL

Sum Insured:

Excess: \$450.00

Make of Veh:

D.O.A. 24.2.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 9.3.2020 1.18p.m

Person Contacted:

Sharon

Vehicle: IN / OUT

Date/Time Action/Instruction (✓) Estimate:

YN 9495B-X

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A.

D.O.I. 7/5/20

Survey held at

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

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

Date/Time Action/Instruction * Battery work

10/3 Email to w/s repair limit \$32K.

10/03/20 @ 17:43 pm received PA to Kah Leong via messenger.

11/03/20 @ 15:30 pm mandate requested authorize repair to Kah Leong via messenger.

12/03/20 @ 10:35 am mandate approved by Alfred via messenger.

12/03/20 @ 11:26 am informed ch to Sharon via email.

Date/Time, File Pass to?

☐: Preli. Report

Days Of Repair:

1)

☐: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Rep. Form:

Lump Sum / I.B.I. (\$

BY:

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

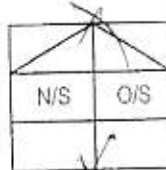
Sum Insured: _____ Excess: \$450

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: \$40K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: YN 9495BYr Regn: 2015 / 00

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mitsubishi Canter FEB21 cc 2998Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: FEB 21 EA 10533

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/55R15
R: 195/55R15 (D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Condor

Front

R/Bal. 6 mmL/Bal. 6 mm

D.O.A.

Survey held at Sy Lim Tree

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

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

Date / Time Action / Instruction * Battery weak10/3 Email to w/s repair limit \$32K10/03/20 @ 17:43 pm received PA to Kah Leong via messenger.11/03/20 @ 15:30 pm mandate requested authorise repair to Kah Leong via messenger.12/03/20 @ 10:35 am mandate approved by A/Ped via messenger.12/03/20 @ 11:26 am informed ch to Sharon via email.

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Formet:

Lump Sum / T.B. / C:

☐ : Preli. Report☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL