ASS. REC. BY: | REF: 08/CTI200037 53/Kvd3 | Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Irene Tay of CTI Date/Time: 9/3/2020 @ 3.01pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMS 7788K Insured: GBB 362 X

at Workshop m/s Yee Auto Tel: 6457 5768

of 160 Sin Ming Drive # 02-17

Policy No: Claim No: SNM20D201161/GBB 362X/IRENE

Sum Insured: Excess:

Make of Veh: D.O.A. 9/3/2020

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 3.05pm @ 9/3/2020 Person Contacted: Mr. chen Vehicle IN / OUT

Date/Time	Action/Instruction Estimate ✓
	SMS 7788K - X
	GBB 362X - X
16/3/20	@ 2.10pm Mr chen said vehicle still under repair
27/4/20	Kenneth confirmed LS $14,700/- (Red 18,755/-, 56%)

ASS. REC. BY: Kenneth | REF: C12/

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Yee Aik

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $82k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNS 7788K Yr Regn: 02 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Bmw 318i c.c 1499

Colour M.P. White A/C: Insured / Std / NI / NA

Sp.Reading 45239 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA8E32030K497954

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: 235/35ZR19

R: 265/30ZR19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	5 mm	R/Bal.	6 mm
L/Bal.	5 mm	L/Bal.	6 mm
D.O.A.	4/3/20	D.O.I.	9/3/2020

Survey held at ✓

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

Frt N/S

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 28/4/20-TYPIST

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____ $ - P.S. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : MERIMEN

Lump Sum / I.B.I: ($ LS $14,700