22/03/2002

ASS. REC. BY: | REF: CS/CTI 20104424 / Af3 | Special Instruction:

Surveyor : Adrian

ASSIGNMENT (Office)

From (Person): Tan Kah Leong of CTI Date/Time: 24.3.2020 14.04pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGZ 9811Y Insured: SJZ 8493C

at Workshop m/s SK Automobile Tel: 67895155

of 23 Kaki Bukit Ave 4 #03-01 Vicom Inspection Centre

Policy No: DMPCSN30032619055 Claim No: SN M 2017 20146202

Sum Insured: Excess:

Make of Veh: D.O.A. 22.3.20 M

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 24.3.2020 2.14pm Person Contacted: Hui Li H.O.D. Endorsement: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGZ 9811Y - X
	SJZ 8493C - X
	lump sum $4,200/- (Red: 6823.76 : 61%)

ASS. REC. BY:

REF: C71

ASSIGNMENT

From: _____ Date: 24.3.2020

Estimated Cost: _____

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

To Inspect Vehicle No: SGZ 9811Y

at Workshop m/s SK Automobile

of 23 Kaki Bukit Ave 4 #03-01 S(com

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: _____

IDAC Accident Rport: _____ 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 Nyp''

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGZ9811Y Yr Regn: 2017 / Dec

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

Make: Hyundai Elantra c.c 1591

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 48464 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHD841CMJU570027

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: 215/45R17

R: 215/45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ~~Kumho~~ Roadstone

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	24/03/20

Survey held at SK

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

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

Date / Time	Action / Instruction
	TP Claim

Date/Time, File Pass to? 1) 25/4 Typist

Date/Time, File Return to? 2) _____

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : TP

Lump Sum / I.B.I: ($ 4200)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	