

CS3/III18011588/Gvf3 -1

22/03/2002

ASS. REC. BY:

REF:

~~CS3/III18011588/Gvf3~~

Special Instruction:

Surveyor  
Maimen

*Guo Bing*

ASSIGNMENT (Office)

07/04/2020

From (Person):

~~Colin Wee~~

Derrick Tan

of

~~III~~

Date/Time:

~~26/6/18 @ 5:09pm~~

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBD 1728H

Insured:

SHC 1795Y

at Workshop m/s

Tek Soon Motor Repair

Tel:

6747 5484

of

1 Kaki Bukit Ave 6 Blk D # 01-93

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30/05/2018

CA / REV / REP. / REV 24 HRS

(up)

27/06/2018

H.O.D. Endorsement:

Date/Time:

10:23am @ 26/6/18

Person Contacted:

Mr. Ng

Vehicle IN / OUT

Date/Time

Action/Instruction

( X )

Estimate

GBD 1728H - CC4/ASM 18000336/Ueb3s2

DOA: 2/01/2018

SHC 1795Y - CC3/LCR17015016/Klpb3s2

DOA: 1/8/2017

(08/11/13) wef

ASS. REC. BY:

REF:

III

B 8841W

## ASSIGNMENT

From:

Date: 27/6/18

Estimated Cost:

OP: ☒ WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

GBD 1728 H

at Workshop m/s

Tek Soon Motor

of

Ikaki Bukit Ave 6 # 01-93

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

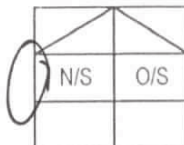
(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

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

Lup

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBD1728H

Yr Regn:

17 Jun 2014

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

Truck / Trailer or

Make:

Toyota Dyna

c.c

2982

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

127431

T/Radio:

Insured / Std / NI / NA

Eng/No:

JTFAT35Y00K203171

C/No:

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195 R15

R:

155 R12

BS / DUN / EXNOVA / GY / HS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

Rear

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

27-06-18

Survey held at

W/S

3pm

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

27/6/18 Submit PRS Report.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

80

10

90

Report Format :

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