

CS3/LPC19021287/T1vf3 -1

22/03/2002

ASS. REC. BY:

REF:

~~CS3/LPC19021287/T1vf3~~

Special Instruction:

Summary: Tan Kah

ASSIGNMENT (Office)

03/04/2020

From (Person): Ong lili

of

Jpc

Date/Time:

~~21/11/19 4:55pm~~

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBG709D

Insured:

GBE 1989R

at Workshop m/s

Auto Best Motor

Tel:

9745 6932

of

Blk 3006 Ubi Road 1 # 01-362

Policy No:

Claim No:

19/19/19/VCOS/022726

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/11/2019

CA / REV / REP. / REV 24 HRS

lap

H.O.D. Endorsement:

Date/Time:

11.30am 3/12/19

Person Contacted:

Mr. Lee

Vehicle IN/OUT

Date/Time	Action/Instruction	Technician
	GBG709D - NA/MSG19021150/h4	BVA: 29/11/19
	GBE1989R - NA/MSG19021150/h4	BVA: 29/11/2019
	After paint (G) Dec '19	
11/12/19	Submit PRS	

ASS. REC. BY: TangREF: JPC

ASSIGNMENT

From: _____

Date: 11/2/19

Estimated Cost: _____

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

To Inspect Vehicle No: GBG 709Dat Workshop m/s Auto Best Motorof BLK 3006 Ubi Road 1 #01-362

Insured: _____

Policy No: _____

Claims No: _____

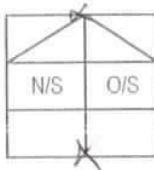
Sum Insured: _____

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 PRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: GBG 709DYr Regn: 2017 May

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

Truck / Trailer or

Make: Nissan Cabstarcc 2953Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 64950

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JNISC2F2470859677Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/R15R: 165/R13 (D)

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

TOYO / YOKO or westlake

Front

Rear

R/Bal. 6 mmR/Bal. 6/6 mmL/Bal. 6 mmL/Bal. 6/6 mm

D.O.A. _____

D.O.I. 04/12/19 1129AMSurvey held at Auto Best MotorDes. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

W/S do independent 'PRS' case

RECEIVED 11 DEC 2019

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

11/12 - typist

Report Format: _____

Lump Sum / L&B: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:



: Site Insp. (\$)



: Interview (\$)



: Tech. Insp. (\$)



: Weekend (\$)

Survey Fee: 120

Transportation: _____

S + RS: _____

Photos: _____

Other: _____

TOTAL: 120