

22/03/2002

ASS. REC. BY:

REF: CS/EGT 20005270/Euf3

Special Instruction:

Surveyor: Sheva ASSIGNMENT (Office)

Merimen

From (Person): Pauline Soh of Ergo Date/Time: 17.4.20 1.20 p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGF 3438L Insured: SLD 64339

at Workshop m/s Mg Car Consultant Tel: 88668832

of 53 W Ave 1

Policy No: _____ Claim No: CDMPG20000602

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17.4.20

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{24hrs}

H.O.D. Endorsement: _____

Date/Time: 17.4.20 1.27 p.m Person Contacted: Hui Oly Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SGF 3438L - NA/CTI 20005270/F DOA - 15/04/2020
	SLD 64339 - NA/CTI 20005270/F DOA - 15/04/2020
20/4/20	Send preli revised via merimen, vehicle T/L
20/4/20	Submit ext T/L

ASS. REC. BY:

Steve

REF:

CS/EG129005270/evf3

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: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
X	X

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

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

Veh No: SGF 3438L Yr Regn: 7/4/96

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

Truck / Trailer or

Make: Toyota VIOS 1.5E c.c. 1497

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

Sp. Reading: N/A T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR 05371447041-8246

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/55R15

R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 15/4/20 D.O.I. 17/4/20

Survey held at My car consultant

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

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

Date / Time	Action / Instruction
	MV - 34,000 * Total loss - beyond economical repair
	DV - 20,000
	EV - 2,000
	NV - 4,502

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: _____

1)

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2) 244 - typist

Add Fee: : Site Insp (\$)

Transportation:

: Interview (\$)

Photos

: Tech. Invs (\$)

Others

: Weekend (\$)

TOTAL

Report Format: _____

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