ASS. REC. BY: | REF: CS3/CTI20005339/T1vf3 | Special Instructions:

Survey by: _____

ASSIGNMENT (Office)

PRS

From (Person): BEN TANG of: CTI Date/Time: 21/4/2020 3:43 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJN 4808T Insured: PC 6837H

at Workshop m/s: LAY AUTO GARAGE Tel: 93874666

of: 38 TOH GUAN ROAD EAST #01-56

Policy No: _____ Claim No: SNM20D201784

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A: 14-4-2020
(Client's Record)

'WP"

CA / REV / REP. / REV 24 HRS R.O.D Endorsement: _____

Date/Time: 22-4-2020-1.30P.M Person Contacted: JOAL Vehicle: IN / OUT

Date/Time	Action/Instruction (NO) Estimate	
	SJN 4808T- NBA/CTI20005236/Y	DOA : 14/04/2020
	PC 6837H -NBA/CTI20005236/Y	DOA : 14/04/2020
24/4/20	Submit PRS, repair range $10,000- $12000.	

CS3/CT1200005339/TIVF3.

ASS. REC. BY: Tayfah | REF: CT/

ASSIGNMENT

COE 2024, Feb

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

Bal. or Market Value: $22K

DAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seen _____ Consistent? : Yes or No

Es. Repairs _____ days Res.: Yes or No

Loss Sum _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS PRS

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

Veh No: SJN4808T Yr Regn: 2009 / Feb

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

Make: Toyota WISH cc 1598

Colour S/Mica A/C: Insured / Std / NI / NA

Sp Reading 400205 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053ZEE 0612525S

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: 205/55R16

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6
L/Bal.	6 mm	L/Bal.	6
D.O.A.		D.O.I.	22/4/2024 4pm

Survey held at Lay Auto

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
	0597 38 701-56
	Repair Range: $10,000 - $12,000, 10 days.

Date/Time File Pass to?

1) _____ ☐ : Prelt. Report ☐ : Final Report

Date/Time File Return to?

2) 24/4 - typist

Days Of Repair: 10

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp ($ _____) ☐ Interview ($ _____) ☐ Tech. Invs ($ _____) ☐ Weekend ($ _____)

Report Format: PRS

Lump Sum / UPI: (% _____)

Survey Fee _____

Transportation _____ $ x RS _____ $

Postage _____

Others _____

TOTAL _____