

SUNVAJOY

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)

CA / REV / REP. / REV 24 HRS "WP"

Date/Time: 22-4-2020-1.30P.M. Person Contacted: JOAL H.O.D. Endorsement:

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 \$110,000- \$12000 .

CS 3/CT120005339/TIVf3.

ASS. REQ. BY: Toughh

REF:

CT1

ASSIGNMENT

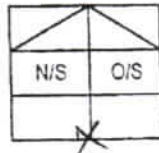
LOE 2024, Feb

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.



Est. or Market Value: \$22K
DAC Accident Report: _____ 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 PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: Jan

Veh No: 5JN4808T yr Regn: 2009 Feb
Type: ☒ M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota ATR cc 1598

Colour: Silver A/C: ☐ Insured / Std / NI / NA

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

Eng/No: _____

C/No: MRO53ZEE / 06125255

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 / 55 R16

R: 7 7

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

TOYO / YOKO or

Front:

R/Bal: 6 mm

L/Bal: 6 mm

D.O.A.:

Survey held at

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

059Z 38 #101-56

Repair Range: \$10,000 - \$12,000, 10 days.

Date/Time File Pass to?

☐

: Proli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 24/4 - typst

Rep. Form: PRS

Lump Sum / MP/IC:

Days Of Repair: 10

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Well-Eng (\$

Survey Fee

Transportation

S + RS \$

Fundus

Others

TOTAL