

22/03/2002

ASS. REC. BY:

REF: CS/DOI20005525/Kqf3

Special Instruction:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI Date/Time: 4/5/2020 10:12 AM

Estimated Cost: Bill to:

OD-IP WS+TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLU 2082Y Insured: SLR 1053D

at Workshop m/s RC AUTO Tel: 97619383

of 160 Sin Ming Drive #06-20 Sin Ming Autocity

Policy No: Claim No: SLR 1053D

Sum Insured: Excess:

Make of Veh: D.O.A. 28-4-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 4-5-2020 10.27 A.M Person Contacted: CHUAN Vehicle IN OUT

Date/Time	Action/Instruction (YES) Estimate
	SLU 2082Y - X
	SLR 1053D - X
	Kenneth confirmed final fig \$4494.40, 5 days (Red \$976.05, 18%)

ASS. RES. BY:

REF: U01/ CS/UOI20005525/Kqf3Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / IP / WS / TP RES / OD RES / EVA / RV / MV

To inspect Vehicle No: _____

at Workshop m/s RC Auto

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 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: SLU 20824 Yr Reg: 11, 17Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Elantra cc 1591Colour: M. Silver A/C: Insured / Std / Nil / NASp. Reading: 21477 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMH0841CMJU370467Gen. Cond: Good / Fair / Poor / BurntSteering: Inspected / Jammed / Leaked / Burnt orBrake: Inspected / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front: _____ Rear: _____

R/Sal. 8 mm R/Sal. 8 mmL/Sal. 8 mm L/Sal. 8 mmD.O.A. 28/4/20 D.O.I. 4/5/2020

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

O/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

EST NOT ready

Date/Time, File Pass to?

☐ : Prell. Report

19/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$) 4494.40

Days Of Repair: 5Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS. SI

Fuel:

Others:

TOTAL

210

60

80+80

24

454