

22/03/2002

ASS. REC. BY:

REF: CS3/FWD 20005184/ELF3

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)From (Person): Venessa Chan

of

FWDDate/Time: 14.4.20 10.39A.M

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No:

SKG 160D

Insured:

SLZ 8820T

at Workshop m/s

Paul Hie Batteries

Tel:

96235068

of

1 Kaki Bukit Ave 6 #01-109Policy No: PNPV2019-0000376101

Claim No:

1202000016273

Sum Insured: _____

Excess: _____

Make of Veh:

(Client's Record)

D.O.A. 11.4.2020

CA / REV / REP. / REV 24 HRS

mnp

H.O.D. Endorsement: _____

Date/Time:

14.4.20 11.00A.M

Person Contacted:

PaulVehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SKG 160D-X</u>
	<u>SLZ 8820T-X</u>
	submit prs report

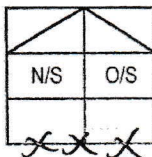
ASS. REC. BY: Stene REF: FWD

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.



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: SKG 1600 Yr Regn: 14/6/12
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: BMW X1 c.c. 1997
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 80509 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: W DAVL 920701 69574
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 225/45R18
R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Pirelli
Front Rear
R/Bal. 5 mm R/Bal. 5 mm
L/Bal. 5 mm L/Bal. 5 mm
D.O.A. 11/4/20 D.O.I. 14/4/20
Survey held at Paul Hoe
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
	<u>MIV- S2K Repair range TK-8K</u>
	<u>6 repair days</u>
	<u>Summit US \$5150 (red: 3750 : 39%)</u>

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 6
Resurvey No. of Trip: _____

Report Format : TP paper Survey
Lump Sum / L&J: (\$ _____)

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

Survey Fee: _____
Transportation: _____
S + RS, SI
Photos
Others
TOTAL