

22/03/2002

CS3/III19012668/Esd3-1

ASS. REC. BY:

REF:

~~CS3/III19012668/Esd3-1~~

Special Instruction:

Supervisor:

Carine Kek

ASSIGNMENT (Office)

16/09/2020

From (Person):

~~Gabriel Wee~~

of

~~III~~

Date/Time:

~~17/7/19 @ 1:20pm~~

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FP9353S

Insured:

SHA 7072X

at Workshop m/s

Eng Soon Painting

Tel:

6760 6271

of

Blk 4 Yew Tee Ind. Est 393-J Woodlands Road

Policy No:

MCOM0015

Claim No:

MCT19070170

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

7/7/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:19am @ 16/7/19

Person Contacted:

Mr. Teo

Vehicle IN OUT

Date/Time

Action/Instruction (X) Estimate

FP9353S-CS/MS108017321/UV21

D.O.A: 10/6/2008

SHA 7072X-CS/III 90122371/K/Ka3

Don: 10/7/2019

Dismantle: 23/7/2019 @ 4.45pm

SUBMIT L/S \$ 2,200.00/5 DAYS

(\$ 2,800.00/RED - 56%)

MYCHIE

Steve

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/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

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: **FP 93535** Yr Regn: **Feb 98**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Yamaha** C.C. **133**
 Colour: **Red** A/C Insured / Std / NI / NA
 Sp. Reading: **98179** T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: **2MC-232893**
 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: **2.50-18**
 R: **2.50-18**

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

Front: **5** mm Rear: **5** mm
 R/Bal. mm L/Bal. mm
 D.O.A. **7/7/19** D.O.I. **18/7/19 1032am**
 Survey held at **Eng Soon Paiting**
 Des. of Damages: **Q** Frt / Rear / **Q** O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

Report Format :

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

☐ : Proll. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: **1**

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

Survey Fee:

Transportation

☐ S + RS \$1

☐ Photos

☐ Other

TOTAL

120

11

131