

ASS. REC. BY: _____ REF: ~~CS3/CTI19011015/T1vd3-1~~ CS3/CTI19011015/T1vd3-1
 Surveyor: ~~TEH NIKH~~ JENNY LEW ASSIGNMENT (Office) Date/Time: 14/10/2020
 From (Person): ~~Chang Boon Sen~~ of CTI Date/Time: 21/6/19 @ 1:03pm
 Estimated Cost: _____ Bill to: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: WQU 5449 Insured: SGZ 6082D
 at Workshop m/s Ace Autohub Tel: 68441184
 of 13 kaki Buleit Road # 03-29
 Policy No: DMPCSN30672918000 Claim No: SNM19D202834002
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 17/6/19
 (Client's Record)
 CA / REV / REP. / REV 24 HRS 14/7 24/6/19
 Date/Time: 3pm @ 21/6/19 Person Contacted: Ann Vehicle: IN / OUT
 Date/Time Action/Instruction Estimate X
 WQU 5449 - X
 SGZ 6082D - X.
 25/6/19 @ 1225pm Janice said they engaged their own Surveyor.
 Dismantle: 25/6/2019
 After repair: 5/7/2019

16/10/20 Submit LS \$7700 (Red 10,300, 57%) , 10 days

SYNOPSIS: *Tanp*

REF:

CTI

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: *WQ45449* Yr Regn: *2007 Dec.*
 Type: *M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /*
 Truck / Trailer or _____
 Make: *Honda Civic* C.C. *1998*
 Colour: *white* A/C: *Insured / Std / NI / NA*
 Sp. Reading: *160666* T/Radio: *Insured / Std / NI / NA*
 Eng/No: _____
 C/No: *PMHF D26307D402559*
 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: *215/45R17*
 R: _____

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

Front	Rear
R/Bal. <i>6</i> mm	R/Bal. <i>6</i> mm
L/Bal. <i>6</i> mm	L/Bal. <i>6</i> mm

D.O.A. _____ D.O.I. *24/6/19*
 Survey held at *Ace Autolution 13 #03-29*

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
	<i>NO HIA. Range + Days \$7000 - \$8000 10 days.</i>
	<i>(Signature) 2/8/2019.</i>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: *10*

Resurvey No. of Trip: *2*

1)

Date/Time, File Return to?

2) *16/10/20-Typist*

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

<i>150</i>
<i>150</i>

Report Format : *PRG* TP

Lump Sum / t.B.t. (\$) *7700*