

CS/CTI17022248/Uqc-1

REF: CS/CTI17022248/Uqc-1 Special Instructions: _____

From (Person): MARCUS of CTI Date/Time: 09/09/2021

Estimated Cost: _____ Bill to: _____

OD/TP/W3/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: JSH 6387 Insured: GBE 69308

at Workshop m/s: Our Bro's Tel: 6636 1338 mon.

of: 10 Kaki Bukit Rd 2 #03-37 90217013

Policy No: DMCVSN1711421700 Claim No: ANM17D06665C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/11/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi 23-11-2017 @ morning

Date/Time: 22.11.2017 130pm Person Contacted: Syarifah Vehicle: DELTA FLM

Date/Time	Action/Instruction (✓) Estimate
	JSH 6387 - x
	GBE 69308 - NA / CTI17022248/13
	DA: 16/11/17
22/11/18	submit LIS \$2050. @ 3 days (Red. \$ \$920, 81%)
	Finalise amount unconfirm, already offer w/s. w/s not agree

06/10/21 Submit LS \$4400, 4 days (Red \$3100, 41%) - done by Marcus as requested by CTI officer.

PRS

Xlec.

REP. CR

meimen

ASSIGNMENT

Report No. _____ Date 23-11-2017

Estimated Cost _____

OD ☒ TP / WS / TP RES / DD RES / EVA / INV / MV

To inspect Vehicle No. JS67 6387

at Workshop/mis Our BM's

of 10 Kaki Bukit Rd 2 #03-37

Insured _____

Policy No. _____

Claims No. _____

Sum Insured _____ Excess _____

(Client's Record)

Make of Ven. _____

Veh No. JS67 6387 Vr Regd. 14 Aug 2017

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make KTM 200 RC cc 199

Colour Black A/C ☐ Insured / Std / NI / NA

Sp. Reading 5948 " Radio Insured / Std / NI / NA

Eng No. _____

C.No. PN6JYC40 XFK027301

Gen. Cond. ☒ Good / Fair / Poor / Burnt

Steering: In ☒ Order / Jammed / Leaked / Burnt or

Brake: In ☒ Order / Jammed / Leaked / Burnt or

Modi: ☒ W/B / S/Rim / STD A/Rim or

Tyre Size: F: 110/70 R17

R: 150/60 R17

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

TOYO / YOKO or MRF

Front: _____ Rear: _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. _____ mm L/Bal. _____ mm

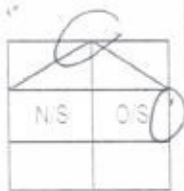
D.O.A. _____ D.O.I. 23-11-17

Survey held at w/s 5:30 pm

Des. of Damages ☒ Front ☒ Rear ☒ O/S / N/S / U/C / Rooftop or

anl.

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



(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. on Market Value: \$6000

IDAO Accident Report: _____ Consistent? : Yes or No

GIA / PR. Scan: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date _____ Person Contacted: _____

Vehicle IN / OUT

Date Time Action / Instruction

\$2250. useraman14029@yahoo.com.sg

20/11/2018

RECEIVED 22 NOV 2018

Date Time File Pass ☐ : Prel. Report

06/10 Typist ☒ : Final Report

Date Time File Return to

Report Format: TP

Lump Sum 4400

Days Of Repair: 3 4

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp. \$ ☐ 1-4-20-20

☐ Inter. \$ ☐ 2-4-20-20

☐ Tech. \$ ☐ 3-4-20-20

☐ Clean \$ ☐ 4-4-20-20

Survey Fee 200