ASS. REC. BY: NA2 | REF: CTI | LHS

CS/CTI22000199/Nqy3 ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. SNM21D207682/C01

Sum Insured: _____ Excess: 0/-

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S
LHS	RHS

Bal. or Market Value: 52K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est Repairs: 8 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date _____ Person Contacted: _____

Veh No: SJZ 9661C Yr Regn: 8 JAN 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: VOLVO V40 T2(A) C.C _____

Colour BLACK A/C: Insured / Std / NI

Sp.Reading 96,148 T/Radio: Insured / Std / N

Eng/No: _____

C/No: YV1MV2818DG230259

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: 225/40 RR

R: 11

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9
L/Bal.	9 mm	L/Bal.	9
D.O.A.	25/12/2021	D.O.I.	7/1/2022

Survey held at AUTO INSURE

Des. of Damages : Frt (FRONT) / Rear / O/S (OFFSIDE) / N/S (NEARSIDE) / U/C (UNDERCARRIAGE) / Rooftop or _____

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

CTI LHS

Date / Time	Action / Instruction
	COE Rebate $36,029.00
	Repair Limit $13K-

11/01/22@12.32pm revert to Pauline Tham via Merimen.

13/01/22@9.50am So Chow informed C/A via Merimen.

13/01/22@12.08pm Informed Siew C/A not more than $13K or whichever lower & ex:$0/-.

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
__S + RS__SI	
Photos	
Others	
TOTAL	