

23/03/2003

ASS. REC. BY:

REF:

~~CS3/CTI18021506/R1qy3-1~~

Special Instruction:

Survivor:

MUMEN

Brij Rai / Ambrose Lee

ASSIGNMENT (Office)

28.04.2022

From (Person):

~~Engine changed~~

of

CTI

Date/Time:

~~28/4/18 10:57pm~~

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBN 7111

Insured:

GBC 5045Z

at Workshop m/s

Eng Soon Painting

Tel:

6765 6271

of

Blk 4 Yew Tee Ind. Est. 393J

Policy No:

DMV SN 3052 561800

Claim No:

SNM18D05163C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

29/10/18

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

1:17pm @ 28/4/18

Person Contacted:

Mr. Leo

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	FBN 7111 - X
	GBC 5045Z - X

Frame

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / 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:

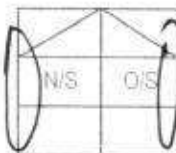
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: FON711J Yr Regn: Jul 18

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

Truck / Trailer or

Make: Honda CB190X CC 184

Colour: MULTI A/C Insured / Std / NI / NA

Sp. Reading: - T/Ratio: Insured / Std / NI / NA

Eng/No:

C/No: LWBPCLIAXH1005376

Gen. Cond: Good / Fair / Poor / Burnt

Steering: in order / Jammed / Leaked / Burnt or

Brake: in order / Jammed / Leaked / Burnt or

Modi: Nil / STD A/Rim or

Tyre Size: F: 110/70R17
 R: 140/70R17

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

TOYO / YOKO or RADIAL

Front

Rear

R/Bal: 4 mm R/Bal: 4 mm

L/Bal: mm L/Bal: mm

D.O.A: D.O.I: 28/14/18

Survey held at: LIAN HUE HONK MOTEL

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time Action / Instruction

Estimated repair range \$4,000 - \$5,000
 Pending GIA

29/11/2018

RECEIVED 07 DEC 2018

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: --

Survey Fee:

Transportation

1) \$ + RS 91

2) Photos

3) Other

Report Format: PRS

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

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$