(11/13) WP 3/2002

ASS. REC. / S. REC. BY: | REF: CS/GAZ1700 0421 / Gcd3e2 | Special Instruction:

Surveyor: Guoliang **ASSIGNMENT (Office)**

From (Person): Stella Goh of GAZ Date/Time: 9/1/2017 7.22am

Est Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJF 7485P Insured: 96727712 Daniel

at Workshop m/s Indeco Tel: 91820027 62810941 Grace.

of 10 Defu Lane 8

Policy No: Claim No: CLMOMV0000003373

Sum Insured: Excess: IBA $2000

Make of Veh: D.O.A. 22/12/2016
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 9/1/2017 9.52am Person Contacted: Sam Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJF 7485P - CS3 / GAZ 1602 4593 / G9H3 DOA: 22/12/2016
	20/12/17 @ 2.18pm checked with Daniel, they already submit their invoice to GRAB company. & already settle and close case.

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 09-01-2017

Survey held at W/S 4pm

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

Frt o/s & rear o/s

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

Date / Time	Action / Instruction
10/1/17	email preli REV to stella.
11/1/17	stella email approved CA, Ex: 2000
11/1/17	@ 5.00pm email to Sam, CA, Ex: 2000
3/10	Submit preli report. (Revised Sig $36,357.70; Check Items: $12,409.30)

Date/Time, File Pass to? ☑ : Preli. Report Days Of Repair: 18

1) ☐ : Final Report Resurvey No. of Trip: 3

Date/Time, File Return to?

2)

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

Report Format : OD

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

Survey Fee:	450
Transportation:	
___S + RS, ___SI	
Photos	
Others	
TOTAL	450