22/03/2001

ASS. REC. BY: | REF: CC/CC2/7011095/ A qh3n2 | Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Jaya Ray of CT2 Date/Time: 7/6/2017 2-44pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGB2772Z Insured: SJN1499X

at Workshop m/s: Kah Motor Tel: 81006306

of: 15 Ubi Road 4

Policy No: UMPCSV 30100 71700 Claim No: SVM17D03219C02

Sum Insured: Excess:

Make of Veh: D.O.A. 29/5/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS (DS) 8/6/2017 @ after 10am H.O.D. Endorsement:

Date/Time: 7/6/2017 2-48pm Person Contacted: Ary Vehicle: IN / OUT

Date/Time	Action/Instruction (V) Estimate
	SGB2772Z - x
	SJN1499A - MSIAC1301590 6/12HC3 DOA: 28/8/2013
20/11/17 @	3.48pm confirmed with Ary final fig $7151.19, 5 days by email.
	(Ded $15165.71, 68%)

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (DS)

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. D.O.I. 08/06/17

Survey held at Kah Motor

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

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

Date / Time	Action / Instruction
	TP Chim.

RECEIVED 20 NOV 2017

Date/Time, File Pass to? 1) 20/11 finish

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($) Photos 250

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL

Report Format: WER-TP

Lump Sum / I.B.I: ($ 7151.19)