22/03/2002

ASS. REC. BY: | REF: CS/UOT17018125/RIrb12 | Special Instruction:

Surveyor : Rusell

ASSIGNMENT (Office)

From (Person): Jenny Lew of UOL Date/Time: 20092017

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKS 6994L Insured: SJM 6848U

at Workshop m/s Performance Tel: 6319 0174

of 308 Alexandra Rd

Policy No: DHOM12001568150O Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 16092017
(Client's Record)

CA / REV / REP. / REV 24 HRS 'up' 25092017 H.O.D. Endorsement:

Date/Time: 20092017 3.26pm Person Contacted: Caroline Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate Zathiran.
	SKS 6994L - X
	SJM 6848U - X
	Confirm P/P $ 9416.75 , 5 days
	Bal : $ 3989.10 , 30/.

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

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

CA / REV / REP. / 24 HRS 'up'

Date: Person Contacted: Vehicle: IN / OUT

Date / Time Action / Instruction

D.O.A. 16/09/17 D.O.I. 25/09/17

Survey held at PERFORMANCE

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

REAR N/S

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

RECEIVED 06 APR 2018

Date/Time File Pass to?

1) typist

Date/Time File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: —

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

Report Format : TP

Lump ~~Sum~~ / I.B.I: ($ 9416.75)

3x15.45

Survey Fee	170+45
Transportation) ___ $ + RS ___ $	50
) - Photos	50
) Others	20+3
)	
TOTAL	338