22/03/2002

ASS. REC. BY: | REF: CS/SM0170191O1/Mq6n12 | Special Instruction:

Surveyor: Ma.

## ASSIGNMENT (Office)

From (Person): Sherry Wong of SMO Date/Time: 5/10/17 3.14 pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 3422C Insured: SFM 2454X

at Workshop m/s Chunni Motor Tel: 65425119

of Blk 10 AMK Ind Park 2A, #03-19, S 68047

Policy No: Claim No: CMTD1703475/THE

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 3/10/17 Bal - 1yr 4mths

CA / REV / REP. / REV 24 HRS 'wp' 6/10/17

Date/Time: 5/10/17 3.32pm Person Contacted: Lynn H.O.D. Endorsement

Vehicle: IN / OUT

| Date/Time | Action/Instruction ( ✓ Estimate |
|---|---|
| | SHC3422C - X |
| | SFM 2454X - X |
| 06/10/17 @ 3.23pm | revised to Sherry Wong by email. |
| | 1/3 @ 10000, 10 days (Rec @ 11270.66, 51%). |

Est. Repairs: 10 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. 03/10/2017 D.O.I. 5/10/2017

Survey held at C

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

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

| Date / Time | Action / Instruction |
|---|---|
| | Ma, pls check repair margin. U/C - to W/d |
| | 9/10 |
| | RECEIVED 05 DEC 2017 |

Date/Time, File Pass to? 1) 05/12 hymsr

Date/Time, File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 11000 )

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