

ASS. REC. BY:

REF:

CS/SPF 17021492 / Agbn2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Abdul Rahman of SPF Date/Time: 10.11.17

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SBV 3843A Insured: QX 854Aat Workshop m/s Evergen Auto Tel: 6743 7111of Blk 3022A Ubi Road 1 #01-49Policy No: _____ Claim No: AEMD / 105 / 009 / 2017 / 146

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 06.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI13.11.2017 @ after 2.30pm

H.O.D. Endorsement: _____

Date/Time: 10.11.17 9.05am Person Contacted: Stella Vehicle: IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SBV 3843A - X</u>
	<u>QX 854A - X</u>

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

D.O.A.

D.O.I. 13/11/17Survey held at EvergenDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Singapore Police Force.</u>
<u>23/11/17</u>	<u>submit 4s f 2950</u> <u>(Red: 2955, 50 %)</u>

RECEIVED 23 NOV 2017

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I: (\$ 2950)

250