KRS. REC. BY: REF: cs/GAI17021834 / Ugbn2

Surveyor: Taufikh. ASSIGNMENT (Office)

From (Person): Kelvyna of: GAI Date/Time: 14/11/17 @ 5.44pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLL8752E Insured: SLM913E

at Workshop m/s: Cycle & Carriage (PG) Tel: 91449137

of: 209 Pandan Gardens

Policy No: Claim No: CLMOMVC00001707

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 21/10/2017

CA / REV / REP. / REV 24 HRS 'wp' 20.11.2017 @ 1pm owner waiting H.O.D. Endorsement:

Date/Time: 9.08am @ 15/11/17 Person Contacted: Andre Vehicle: IN / (OUT)

Date/Time	Action/Instruction (✓) Estimate
	SLL8752E - X
	SLM913E - cs/GAI17020297/Ugbn2 - D.O.A : 21/10/2017
21/11/17 @	2.21pm revised to Kelvyna Ngian by email.
25/5/18 @	12.06pm Confirmed with Jo Jo final fig $ 4707, 5 days.
	Cked $ 1937, 29%)

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A: D.O.I: 20/11/17 @ 1pm

Survey held at: C&C Pandan Gdn

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

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

Date / Time	Action / Instruction

25/5/2018.

RECEIVED 30 MAY 2018

Date/Time File Pass to? ☐ : Preli. Report Days Of Repair: 5

30/5 ☐ : Final Report Resurvey No. of Trip: 1

Date/Time File Return to?

Add Fee: ☐ Site Insp. ($) Survey Fee

☐ Interview ($) Transportation

Report Format: TP ☐ Tech. Insp. ($) Postage

Lump Sum / I.B.I. ($ 4707) ☐ Wages ($) Total

250