urgent

resurvey ✓

ASS: REQ. BY: | REF: CS/LPC17021972/Kgbez | Spec:

Surveyor: Sebastian Meinmen

ASSIGNMENT (Office)

From (Person): Gerald Poh of LPC Date/Time: 16/11/17 @ 3.14pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBB 5542K Insured:

at Workshop m/s Hua Hong Tel: 67600539

of 25D Sungai Kadut Street 1, 729332

Policy No: 3/17/VC00/100767 Claim No: 17/17/17/VC00/020211

Sum Insured: Excess: $600.00

Make of Veh: (Client's Record) D.O.A. 30/10/2017

CA / (REV) / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 9.44am @ 17/11/17 Person Contacted: Mrs. Tan Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBB 5542K - x
20/11/17 @	12.13pm revert to Gerald poh via Meinmen.
20/11/17 @	2.40pm Gerald informed C/S by email.
20/11/17 @	2.48pm informed Ashley C/S $ Ex: $600 by email. (On us basis)

Est. Repairs: 18 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. 30/10/2017. D.O.I. 17/11/2017

Survey held at Hua Hong

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
19/6/18	Informed C/S $9500/18 days Below excess
	(Recd $8816.50, 48%)

25/7/2018

RECEIVED 22 OCT 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) 22/10 ☐ ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : MER-OD

Lump Sum / I.B.I: ($ 9500)

Days Of Repair: 18

Resurvey No. of Trip: 2

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

Survey Fee:	348
Transportation:	50
S + RS SI	50
Photos	256
Others	+10
TOTAL	704 +10

9 X 15 = 120

170 + 120 = 290

290 X 20% = 58

290 + 58

9/11/18 714