ASS. RBC. BY: REF: CS/SM017022018/Atbn2 Special Instruction:

Surveyor: Adrian ASSIGNMENT (Office)

From (Person): Sheng Wong of: SMO Date/Time: 17/11/17 @ 10.07am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKV 5411T Insured: SKR 6412E

at Workshop m/s: SK Automobile Tel: 6702 1555

of: 8 Kaki Bukit Ave 4, #08-46 Premier, 415875

Policy No: Claim No: CMTD1704067 / GPL

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 11/11/2017

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

Date/Time: 10.12am @ 17/11/17 Person Contacted: Mohamad H.O.D. Endorsement:

Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKV 5411T-NBA / AIG1702168A / Y-D.O.A: 11/11/2017
	SKR6412E-NBA / AIG1702168A / Y-D.O.A: 11/11/2017
	Lump Sum $5,500/- (Red: 13104.19 : 70%)

GIA / PK Seen: mm

Est. Repairs: 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. D.O.I. 17/11/17.

Survey held at S.K.

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
	TP Sompo.

RECEIVED 05 JAN 2018

Date/Time, File Pass to? 1) 5/1 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

$ + PS $

Photos

Others

TOTAL 450

Report Format: TP

Lump Sum / I.B.I: ($ 5500)