3/2002

S. REC. BY: | REF: CS / GAR17022359 / MIrbn2 | Special Instruction:

Surveyor : Ma

ASSIGNMENT (Office)

From (Person): Victor Wee of GAR Date/Time: 22/12/2017 5:10pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLK 4607Z Insured: YK 2304G

at Workshop m/s RC Auto Tel: 9761 9383

of 160 San Ming Drive # 06-20

Policy No: Claim No: CLMOMVC00000 1683

Sum Insured: Excess:

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

CA / REV / REP. / REV 24 HRS / WPI

Date/Time: 23.11.2017 9.44am Person Contacted: Mr. Tan Vehicle IN / ~~OUT~~ H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate
	SLK 4607Z - X
	SK 2304G - NA / FC15010771 / d2 DOA: 28/6/13
	Submit PIP $ 3699 , 4 days
	@ di $ 690, 1/1.

resurvey photo for record purpose

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. 1 b/u Dept. D.O.I. 28/11/2017

Survey held at

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

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

Date / Time	Action / Instruction

19/12/2017

RECEIVED 14 DEC 2017

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

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

Report Format : TP

Lump ~~Sum~~ / I.B.I: ($ 3629.00)

Survey Fee:	
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	250