22/03/2002

ASS. REC. BY: | REF: CS/EQ17023084/GvbSX | Special Instruction:

Surveyor : GQ

ASSIGNMENT (Office)

From (Person): Buzlin Ahmad of EQI Date/Time: 5/12/17 @ 1.52pm

Estimated Cost: Bill to:

(OD) FP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SGN 6085J Insured:

at Workshop m/s Progressive Automotive Tel: 67415336

of Blk 3022 A Ubi Rd 1. # 01-45/46

Policy No: DMPPHQ17-0.03694 Claim No:

Sum Insured: Excess: $ 250.00

Make of Veh: D.O.A. 20/11/17

(Client's Record)

(CA) / REV / REP. / REV 24 HRS wp/

Date/Time: 2.05pm @ 5/12/17 Person Contacted: Lily H.O.D. Endorsement:

Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate.
	SGN 6085J - CS3/EQ17022286/T1b D.O.A: 20/11/17
15/1/18	Final dig $ 4711.05 confirmed by email (Red 3564.05, 43%)
18/1/18	Re-confirmed $ 4799.05 by email (Red 3476.05, 42%) No LS

Est. Repairs: 5 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. D.O.I. 05-12-17

Survey held at W/S 5pm

Des. of Damages: (Fr) / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction

15/1/2018.

RECEIVED 16 JAN 2018

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

1)

Date/Time, File Return to?

2) 16/1 - typist

Report Format : meimen

Lump Sum / I.B.I: ($ 4799.05)

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:	160
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	