22/03/2002

ASS. REC. BY: | REF: CS/SPF17023474/(GQ)02 | Special Instruction:

Surveyor : GQ

ASSIGNMENT (Office)

From (Person): Perry He of SPF Date/Time: 08122017 5:43pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: QX509Y Insured:

at Workshop m/s Indeco Engineers Tel: 85114276 / 84496770

of 39 Defu Lane 12

Policy No: Claim No: HOMSPFETQ16000399

Sum Insured: Excess:

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

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

Date/Time: 11122017 1054am Person Contacted: Anson Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate
	QX 509Y - CI/TPP17022393/Dn DOA: 09/1/2017
14/12/17	Email to Perry
19/1/18	Email amend report to Perry
9/2/18	@ 427pm check with Perry, we can submit our report
	Submit $12,265.56, man HR - 88 (HR)

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. 11-12-17

Survey held at w/s 2:30pm

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

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

Date / Time	Action / Instruction

RECEIVED 12 FEB 2018

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

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

Report Format :

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

Survey Fee:	350
Transportation: __$ + PS __SI	
Photos	
Others	
TOTAL	350