22/03/2002

ASS. REC. BY: | REF: CS / GAL18001131 / Kvbm2 | Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person): Rachel Tan of GAL Date/Time: 18012018 239pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBE 4649C Insured: GBC 6993M

at Workshop m/s Lai Huat (Meng Kee) Tel:

of Blk 160 Sin Ming Drive #04-01

Policy No: Claim No: CLMOMVC00000 2459

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 11.01.2018

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

H.O.D. Endorsement:

Date/Time: 18012018 3.12pm Person Contacted: Jenny Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
29/1/18	Email preli revised to Rachel
7/5/18	Final fig $ 2102.60 confirmed by email (Red 7o, 3/5)
	COR sent 07/05/18

Est. Repairs: 0x days Res.: Yes or No — D.O.A.: 11/1/18 — 08/1/18

Lum Sum: 1.B/ 3 Val.: Yes or No — Surveyed at:

CA / REV / REP. / 24 HRS 'wp' — Des of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop: O/S Frt

Date / Person Contacted / Vehicle: IN / OUT — The U/C / Chassis frame / Body Structure affected due to collision

Date / Time / Action/Instruction

29/1 File pass to Catherine

Date/Time File Passed: Preli. Report — Days Of Repair: 3

Final Report — Resurvey No. of Trip: 1 — Survey Fee

Date/Time File Returned:

Add Fee:

7/5 - typist

Report Format:

TP P/P $ 2102.60

250