REF: cs/AGI1800136A/Avd3n2

Adrian

ASSIGNMENT (Office)

From (Person): Albert Hong of: AGI Date/Time: 23/1/18 @ 10.58am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKN 8335C Insured: SJL 6078E

at Workshop m/s: Torque 5 Tel: 6752 4457

of: 8 kaki Bukit Ave 4 # 01-49/50

Policy No: Claim No: C1000130I

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 21/01/2018

25/01/2018 @ After 11am

CA / REV / REP. / REV 24 HRS wip?

Date/Time: 12.55pm @ 23/1/18 Person Contacted: Lynn Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKN8335C - X
	SJL6078E - X
26/3/18	Adrian confirmed LS $ 2000 CRed 10,767.43, 84%

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. 25/01/18

Survey held at: Torque 5.

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 Budget Direct.

RECEIVED 04 APR 2018

Date/Time. File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: —

Survey Fee:

Transportation

Date/Time. File Return to? 2) 4/4 - typist

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

$ + PS $

Photos

Others

Report Format : TP

Lump Sum / I.B.I: ($ 2000/-)

TOTAL 350