

ASS. REC. BY:

REF:

CS/LPC18001890/Kgbrz

Special Instruction:

Surveyor:

Kenneth.

ASSIGNMENT (Office)

From (Person):

Ong Li Li

of

LPC

Date/Time: 31/01/2018 10:29am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKW 38767

Insured:

YP 5176M

at Workshop m/s

V8 motor

Tel:

8818 1666

of

Blk 9 Sim Ming Ind Est #01-44

Policy No:

Claim No:

16/18/18/VCO0/021358

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

27/01/2018

CA / REV / REP. / REV 24 HRS wpi

02.02.2018

H.O.D. Endorsement:

Date/Time:

31/01/2018 12:12 pm

Person Contacted:

Ah Qiang

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

Estimate done will call and arrange survey

SKW 38767 - X

YP 5176M - CCL / LPC17022322 / Kgbrz

D.A: 20.11.2017

Est. Repairs:

04 days

Res.: Yes or No

D.O.A.

26/1/18

D.O.I.

21/2/18

Lump Sum:

20 %

3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

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

FR N/S

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

5/2 File pass to Cathryn

L1 Pay 82000 email (Ref 4170, 68%)

RECEIVED 7 JUN 2018

Date/Time: File Pass to?

☐

Preli. Report

Days Of Repair:

4

1) 02/6 12/18

☐

Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time: File Return to?

Transportation:

2)

Add Fee:

☐

Site Insp (\$)

) \$ - P3 \$

☐

Interview (\$)

) Photos

☐

Tech. Insp (\$)

) Others

☐

Weekend (\$)

Report Format:

7P

Lump Sum / L1 (\$)

2000

350