22/03/2002

ASS. REC. BY: | REF: CS/UOI18001987/RIvd3 | Special Instruction:

Surveyor : Rasu | **ASSIGNMENT** (Office)

From (Person): Jenny Lew of UOI Date/Time: 1/2/18 @ 9:35am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKD 2688B Insured:

at Workshop m/s Performance Tel: 81214600

of 303 Alexandra Rd

Policy No: Claim No: M12D07211802

Sum Insured: Excess: $750.00

Make of Veh: D.O.A. 27/01/2018
(Client's Record)

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

Date/Time: 9.42am 01/2/18 Person Contacted: Inthiran Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKD 2688B - x
2/2/18	Revert to Jenny by email
2/2/18	Rece authorise repair from Jenny by email
2/2/18	Informed Inthiran c/A ex $750 by email
8/3/18	@ 251pm Inthiran said will email us finalise

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. 27/01/18 D.O.I. 01/02/18

Survey held at PERFORMANCE

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
20/9/18	Final fig $ 28,463.50 confirmed by email (Red 3995.25, 12%)

20/9/2018

RECEIVED 21 SEP 2018.

Date/Time. File Pass to?

1) ____

Date/Time. File Return to?

21/9- typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

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

Report Format : OD

Lump Sum / I.B.I: ($ 28,463.50)

23X15

Survey Fee:	170+305
Transportation:	50
Photos:	50
Other:	124
	580
	729

18/10/18