22/03/2002

ASS. REC. BY: | REF: CS/EGI18003120/Svd3n2 | Special Instruction:

Surveyor: Sebastian

ASSIGNMENT (Office)

From (Person): Yee Pei Li of EGI Date/Time: 19/2/18 @ 9.05am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMB1394 Insured: SLQ 65204

at Workshop m/s SMRT Tel: 93210958

of 60 woodlands Ind. Prk E 4

Policy No: Claim No: DSMPC1800262/RH/pl

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 02/02/18

CA / REV / REP. / REV 24 HRS wip

Date/Time: 9.37am @ 19/2/18 Person Contacted: suny fan Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate
	SMB1394-CC3/AXA13022100/R/sy3c3 D.O.A: 08/11/2013
	SLQ 65204-X
23/2/18	Email preli revised to Pei Li
4/6/18	@ 3.09pm Catherine will finalise asap.
11/7/18	LS $ 9750 confirmed by email (Ref 4646.89, 3299

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. 7/2/18 D.O.I. 19/2/18

Survey held at SMRT

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

O/S Rear

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

Date / Time | Action / Instruction

RECEIVED 1 ? [illegible] 2018

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

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Date/Time, File Return to? 2) 12/7 - typist

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

__ S + RS __ SI

Photos

Others

Report Format : TP

Lump Sum / I.B.I: ($ LS $ 9750/2)

TOTAL 350