

ASS. REC. BY:

REF: CS/SMO18003407/Ard3 n2

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Grace Ted

of SMO

Date/Time: 20/2/18 @ 3:30pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SK27784H

Insured: SLD9299H

at Workshop m/s: Ho Beng Trading

Tel: 92712214

of BIK 3020A, ubi Rd 1 # 01-33

Policy No: Claim No: CMTD1800772/AGC

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 17/02/18

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

H.O.D. Endorsement:

Date/Time: 20/2/18 @ 4:23pm Person Contacted: Chris

Vehicle: IN / OUT

Date/Time Action/Instruction (✓) Estimate

SK27784H-X

SLD9299H-X

Confirm LIS \$3800, 16 days
Red: \$9047.30, 70%.

Est. Repairs: days Res.: Yes or No

D.O.A. D.O.I. 21/02/18

Lum Sum: % 3 Val.: Yes or No

Survey held at Ho Beng.

CA / REV / REP. / 24 HRS

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

Date: Person Contacted: Vehicle: IN / OUT

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

Date / Time Action / Instruction

TP Sampo

RECEIVED 09 APR 2018

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 6

1) Input

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee: : Site Insp (\$)

____ \$ + RS. ____ \$

: Interview (\$)

) Photos

: Tech. Invs (\$)

) Others

: Weekend (\$)

Report Format: TP

Lum Sum / I.B.I. (\$ 3800)

TOTAL

350