22/03/2002

ASS. REC. BY: | REF: CS/ICS 18004896 / Avbn2 | Special Instruction:

Surveyor: merimen

ASSIGNMENT (Office)

From (Person): Janice Goh of ICS Date/Time: 19/3/2018 9:09am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLG 6235X Insured: GBF 4279G

at Workshop m/s Kai Motor Tel:

of Blk 3007 Ubi Rd 1 #01-434

Policy No: Claim No: DMCV1800016H

Sum Insured: Excess:

Make of Veh: D.O.A. 07/3/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (Wp)

H.O.D. Endorsement:

Date/Time: Person Contacted: Kym Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate.
	SLA 6235X - x
	GBF 4279G - x
11/4/18	Adrian confirmed $ 5328.49 (Rec 1154.44, 18%) 7/ 11/4

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. 12/03/18.

Survey held at Kai Motors.

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

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

Date / Time	Action / Instruction
	TP ECICS.

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

1)

Date/Time, File Return to?

2) 12/4 - typist

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Report Format : merimen

Lump Sum / I.B.I: ($ 5328.49)

Survey Fee:	250
Transportation:	10
___S + RS, ___SI	
Photos	
Others	
TOTAL	260