22/03/2002

ASS. REC. BY: | REF: CS/SMO/18005124/V8vd3/n2 | Special Instruction:

Surveyor: Sebastian

ASSIGNMENT (Office)

From (Person): Irene Henry of SMO Date/Time: 19/3/18 @ 10:19am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV6188Y Insured: PA8896J

at Workshop m/s Hua Hong Private Ltd Tel: 6661 9688 / 9816 4151

of 25D Sungei Kadut St. 1

Policy No: Claim No: CMTD1800622/AGC

Sum Insured: Excess:

Make of Veh: D.O.A. 06/02/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS 1wp 20/3/18 H.O.D. Endorsement:

Date/Time: 11.13am @ 19/3/18 Person Contacted: Yvonne Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SLV6188Y ~~x~~
	PA8896J - NAIINC0908728/S1 D.O.A: 23/8/2004
21/3/18	Email preli revised to Irene
10/7/18	@ 207pm Final fig $ 1564 confirmed with Ashley (Red 1608, 51)
12/7/18	Sathya explain to Simon

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1wp

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. mm

D.O.A. 6/2/18 D.O.I. 20/3/18

Survey held at Hua Hong

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
	Sathya, pls see my remarks

RECEIVED 12 JUL 2018

10/7

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

1) ☐ : Final Report

Date/Time. File Return to?

2) 12/7 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL 250

Report Format : TP

Lump Sum / I.B.I: ($ 1564/2)