22/03/2002

ASS. REC. BY: | REF: CS/SPF18005224/MJrd3n2 | Special Instruction:

Surveyor : Ma

ASSIGNMENT (Office)

From (Person): Abdul Rahman of SPF Date/Time: 20/3/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJP 5064 G Insured: QX 819D

at Workshop m/s Falcon - Air Auto Services Tel: 67795665

of 8 pendeln loop (Blk 1 / Blk K)

Policy No: Claim No: AEMD/105/009/2018/026

Sum Insured: Excess:

Make of Veh: D.O.A. 12/02/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS 1wp 28.03.2018

Date/Time: 4.13pm @ 20/3/18 Person Contacted: Andy Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate — Do not Finalize
	SJP 5064 G - x
	QX 319D - x
	Submit $700, 3 days
	Read : $343.60, 33 l.

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:

D.O.A. 12/02/2018 D.O.I. 28/3/2018

Survey held at

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

RECEIVED 09 APR 2018

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

1) typist ☑ : Final Report

Date/Time. File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation: ( ) $ + RS ( ) SI

Add Fee: ☐ : Site Insp ($) Photos

☐ : Interview ($) Others

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

TOTAL 280