22/03/2002

AS REC. BY: | REF: CS/SPF18005320/Kgbsz | Special Instruction:

Surveyor : **ASSIGNMENT (Office)**

From (Person): Abdul Rahman of SPF Date/Time: 21032018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SDE 1666Z Insured: QX 319D

at Workshop m/s Leong Auto Tel: 6266 6448

of 160 8th Ming Drive #02-13

Policy No: Claim No: AEMD/105/009/2018/027

Sum Insured: Excess:

Make of Veh: D.O.A. 19.03.2018
(Client's Record)

CA / REV / REP. / REV 24 HRS / WPI H.O.D. Endorsement:

Date/Time: 21032018 9.35am Person Contacted: Vehicle: IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate Not Finalise
	SDE 1666Z - X
	QX 319D - CS/SPF/18005320/KD3 EVA: 120218
	Submit CS @ 1850, 14 days. Cred @ 36675.56, 69 2)

Est. Repairs: 14 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

L/Bal: 0 mm L/Bal: 0 mm

D.O.A. 19/3/18 D.O.I. 21/3/18

Survey held at

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

& Rear

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

Date / Time	Action / Instruction
22/3	File pass to Catherine

RECEIVED 11 JUN 2018

Date/Time. File Pass to?

11/6 finish

Date/Time. File Return to?

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 14

Resurvey No. of Trip: 2

Survey Fee: 280

Transportation:

Photos:

Others:

TOTAL:

Add Fee: ☐ Site Insp ($

☐ Interview ($

☐ Tech. Invs ($

☐ Weekend ($

Report Format : TP

Lump Sum / ~~EST~~: ($ 16500