

ASS. REC. BY:

REF: CS/SMO18006512/Kqd3ⁿ²

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Grace Teo of SMODate/Time: 9/4/18 @ 3:16pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SFM 3383KInsured: SKU 546Bat Workshop m/s Supreme Auto (Autoworx)Tel: 64528211of No. 176 Sin Ming Drive # 02-01Policy No: _____ Claim No: CMTD1801531/AGC

Sum Insured: _____ Excess: _____

Make of Veh:
(Client's Record)D.O.A. 06/04/201810/04/2018CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement: _____

Date/Time: 3:21pm @ 9/4/18Person Contacted: AmandaVehicle: IN/OUT

Date/Time Action/Instruction (✓) Estimate

SFM 3383K -xSKU 546B -x11/4/18 @ 5:46pm informed Agnes Chan, we are pending estimate from repairer.3.1.1 11 Lp 84400 Cash (Red @ 11498.10, 72%)

GIA / FIN SECUR.

Est. Repairs: 04 days Res.: Yes or NoLump Sum: 20 % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS 'wp'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

D.O.A. 6/4/18D.O.I. 10/4/18

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

14 File pass to Catherine, GIA & EM not ready

RECEIVED 1 FEB 2019

Date/Time: File Pass to?

☐

: Preli. Report

1) 01/2 12/18☐

: Final Report

Date/Time: File Return to?

2) _____

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation

) S+RS SI

) Photos

) Others

TOTAL

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

Report Format :

Lump Sum / I.B. (\$ 4400)450