22/03/2002

ASS. REC. BY: | REF: CS/GAL180072140 /RI vbn2 | Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Rachel Tan of GAL Date/Time: 13/04/2018 917am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGG 2848M Insured: SGP 4193H

at Workshop m/s Cycle & Carriage Tel:

of 209 Pandan Garden

Policy No: Claim No: CLMOMVP0000000675

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 10/04/2018

CA / REV / REP. / REV 24 HRS (Top) 25/04/2018 @ 10.30am owner waiting H.O.D. Endorsement

Date/Time: 18/04/2018 606pm Person Contacted: Don Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGG 2848M - x
	SGP 4193H - x
27/4/18	Email preli revised to Rachel
20/6/18	Final fig $7661 (Red 5199, 40%) confirmed by email

CA / REV / REP.

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. 10/04/18 D.O.I. 25/04/18

Survey held at C&C (PG)

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 20 JUN 2018

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 20/6 - typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 7661/2)

Survey Fee:

Transportation: S + RS. SI

Photos

Others

TOTAL 350