

ASS. REC. BY:

REF: CS3 / SM018008037 / G24602 Special Instruction:

Survivor:

G12

ASSIGNMENT (Office)

From (Person): Crane Tao of Gmo Date/Time: 02082018 8:45am
 Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJU 3027A Insured: SJA 76H

at Workshop m/s J&E Automobile Tel: 9457 1616

of B11C 9002 Tampines Ind Park A #01-44

Policy No: _____ Claim No: CMTD1801839 / NSW

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29042018
 (Client's Record)

CA / REV / REP. / REV 24 HRS (w/p)

H.O.D. Endorsement: _____

Date/Time: 02052018 9:22am Person Contacted: Jimmy Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJU 3027A - X</u>
	<u>SJA 76H - X</u>
	<u>Dismantle part : 02.05.2018</u>

SIA / FIA / JCR.

Est. Repairs: 5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

D.O.A. 29.04.2018

D.O.I. 02052018 @ 5:33pm

Survey held at J&E Automobile.

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
	<u>Estimate repair range \$5,000 - \$6,000. (Bryan)</u>

RECEIVED 19 JUL 2018

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format: PRC

Lump Sum / I.B.I. (\$

100
60

160