

ASS. REC. BY:

REF: CS/EG118008740/Vrb n2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Yee Pei Li of EG1 Date/Time: 14/5/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SG1187B Insured: SLF 7236S

at Workshop m/s SMRT Tel: 93210958

of 60 Woodlands Ind PK ET

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 23/1/17
(Client's Record)

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

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction () Estimate
	SG1187B - CC3/MEG1820816C / Srb DON: 10/8/2017
	SLF 7236S - X
	Recvt from email
	confirm \$830, 2 days
	Red: \$397, 32%.

Est. Repairs: 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. 23/01/2017 D.O.I. 14/05/2018

Survey held at

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

O/S Rear

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

Date / Time	Action / Instruction
RECEIVED 28 JUN 2018	

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

1) typist
Date/Time, File Return to?
2)

Days Of Repair: 2
Resurvey No. of Trip: 1

Report Format: TP
Lump Sum / I.B.I.: (\$ 830)

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

Survey Fee:
Transportation:
S + RS. SI
Photos
Others
TOTAL
250