

ASS. REC. BY:

REF: CS/AGI 18011529/Kvd3/n2

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Julie Mangubat

of

AGI

Date/Time:

25/6/18 @ 4:32pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKS 6408M

Insured:

at Workshop m/s

Ah Lim Motor

Tel:

6456 3637

of

176 Sin Ming Drive # 05-12

Policy No:

Claim No:

C10001700/JM

Sum Insured:

Excess:

\$600.00

Make of Veh:

(Client's Record)

D.O.A. 21/06/2018

26/06/2018 @ Morning

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

4:40pm 25/6/18

Person Contacted:

Mei Li

Vehicle IN / OUT

Date/Time	Action/Instruction	Estimate
	(✓) Estimate	MV: \$56K
	SKS 6408M-X	
26/6/18	Revert to Julie by email	
27/6/18	Rece authorise repair from Julie by email	
27/6/18	Informed Mei Li c/A on part by part ex \$600 by email	

Est. Repairs:

5 days

Res.: Yes or No

D.O.A.

21/6/18

D.O.I.

26/6/18

Lum Sum:

1.B.1 %

3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
27/6	AK PASI to Catherine
31/9	\$3908.50 confirmed by email
5/9/18	@ 10:37am Re-confirmed \$3888.50 with Mui Hong (Red 451.64, 10/9)

RECEIVED 05 SEP 2018

Date/Time, File Pass to?

 : Preli. Report  
 : Final Report

Days Of Repair:

5

1)

Resurvey No. of Trip:

1

Survey Fee:

Date/Time, File Return to?

Transportation:

5/9 - typist

Add Fee:

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

\$ + PS. SI

Photos

Others

Report Format:

OD

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

3888.50

250

TOTAL