

ASSIGNMENT (Office)

From (Person): Hwang Shiang Yi of CTI Date/Time: 03072018 4:44pm

Estimated Cost: _____ Bill to: _____

To Inspect Vehicle No: SKU 2893K Insured: GBD 9192A

at Workshop m/s Wearnes Tel: 8126 1237

of 249 Alexandra Rd

Policy No: DmCVSN3054321700 Claim No: SNM18D03295C0

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03072018
(Client's Record)

CA / REV / REP. / REV 24 HRS (w/p) H.O.D. Endorsement

Date/Time: 04072018 9:00am Person Contacted: Paul Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKU 2893K -x
	GBD 9192A - CCA/LCR/7009746/Kpa3q2 D.O.A: 1/5/2017

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

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

CA / REV / REP. / 24 HRS

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

D.O.A. _____ D.O.I. 05/7/18 @ 10am

Survey held at Wearnes

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	(\$ 5,133.96 Red - 25%)

RECEIVED 16 AUG 2018

Date/Time, File Pass to? 14/08/18

1) Typist : Preli. Report : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Date/Time, File Return to? _____

2) _____

Add Fee: Site Insp (\$ _____) S + PS \$ _____

Interview (\$ _____) Photos _____

Tech. Invs (\$ _____) Others _____

Weekend (\$ _____) _____

Report Format : _____

Lump Sum / I.B.I: (\$ 15,259.14 P/P)

Survey Fee: _____

Transportation: _____

TOTAL 220