

2/03/2002

ASS. REC. BY:

REF: CS / SMO 180 12358 / 7/9d37

Special Instruction:

Surveyor: Taufik

ASSIGNMENT (Office)

From (Person): Grace Leo

of

SMODate/Time: 6/7/18 @ 9.03am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLM 2262L

Insured:

GBH 4182R

at Workshop m/s

Pegasus Engineering

Tel:

6513 7748

of

74 Kian Teck Road

Policy No:

Claim No:

CMTD1802843/AGC

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

03/07/2018

CA / REV / REP. / REV 24 HRS

'up'

Date/Time: 12:16pm @ 6/7/18

Person Contacted:

AlvinVivian

H.O.D. Endorsement:

Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SLM 2262L - X</u>
	<u>GBH 4182R - X</u>
<u>11/7/18 @ 11:12am</u>	<u>revised to Agnes Chan by email.</u>

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / ☒ REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

L/Bal.

6

mm

L/Bal.

mm

D.O.A.

D.O.I.

6/7/18

Survey held at

PegasusDes. 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>13/12</u>	<u>95307.47, 6 days. e-mail to m/s.</u>
	<u>(Red to 7560.06, 59%)</u>

Date/Time, File Pass to?

☐

: Preli. Report

1) 24/12 11:00am☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6Resurvey No. of Trip: 1

Survey Fee:

350

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

TP

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

5307.47

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$