22/03/2002

ASS. REC. BY: | REF: RS3/SMO18014717/UZ4bez | Special Instruction:

Surveyor: Marcus **ASSIGNMENT (Office)**

From (Person): Grace Teo of SMO Date/Time: 13082018 1.52pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBD 2564G Insured: SLN 5447X

at Workshop m/s Alpha Car Services Tel: 6309 8258

of Blk 1 Kaki Bukit Ave 6 #07-59

Policy No: Claim No: CMTD1803460/GPL

Sum Insured: Excess:

Make of Veh: D.O.A. 08082018
(Client's Record)

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

Date/Time: 14082018 9.22am Person Contacted: Cai Ling Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	GBD 2564G - X
	SLN 5447X - X
14/8/18	Dismantled.
16/8/18	After repair.

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

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS LTA 26316

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 8/8/18 D.O.I 14/8/18 @1128a.m.

Survey held at

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

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

Date / Time	Action / Instruction
	No Setthel. 11.30am.
	3800 - 4800
15/8/18	Submit PRS Report

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add.Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

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

Survey Fee:	100
Transportation:	60
___S + RS ___SI	60
Photos	
Others	
TOTAL	~~160~~ 220