22/03/2002

ASS. REC. BY: | REF: CS/CTL18014821/Agb12 | Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Hwang Shiang Yi of CTL Date/Time: 14082018 4:47pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKM 4315S Insured: SJP 879D

at Workshop m/s: Premium Automobile Tel: 8111 7723

of: 55 Ubi Rd 1

Policy No: DMHCSN1733351700 Claim No: SNM/8D03907C02

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 13082018

CA / REV / REP. / REV 24 HRS / Wp:

Date/Time: 15082018 10:09am Person Contacted: Tony H.O.D. Endorsement:

Vehicle: IN / OUT

Date/Time	Action/Instruction (/) Estimate
	SKM 4315S - CC3/ATL7b008293/Agbd1 DLA: 300416
	SJP 879D - X
09/11/18	Confirmed P/P $20,000/- @ 13 days with Adrian
	($11,945.00 Red - 37%)

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 13 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. 60 mm R/Bal. 60 mm

D.O.A. D.O.I. 15/08/18

Survey held at Premium.

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

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

Date / Time	Action / Instruction
	TP China.
	MV : 71K.
	PV : 51K.
	Nett: 20K.

RECEIVED 12 NOV 2018

Date/Time, File Pass to? 1) 12/11/18 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 13

Resurvey No. of Trip: 1

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

Report Format :

Lump Sum / I.B.I: ($ 20,000/- p/p)

Survey Fee:

Transportation: S + RS SI

Photos

Others

220

TOTAL