22/03/2002

ASS. REC. BY: | REF: CS/UOL18015247/RIvbs2 | Special Instruction:

Surveyor: Rajul

ASSIGNMENT (Office)

From (Person): Chan Li Si of UOL Date/Time: 23082018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: PC 7159A Insured: Public Liability

at Workshop m/s Cycle & Carriage Tel: 9186 5109

of 188 Pandan Loop

Policy No: DHOL1104253302 Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 16082018

CA / REV / REP. / REV 24 HRS 'wp'

Date/Time: 23082018 9.40am Person Contacted: Yik Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate
	PC 7159A - x
	Public Liability - x
24/9/18	@ 248pm Mr Yik said liability just clear
9/10/18	@ 956am Mr Yik said vehicle has not send in for repair
9/10/18	Submit preli report

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 16/08/18 D.O.I. 23/08/18

Survey held at C&C (PL)

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

O/S Frt

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☑ : Preli. Report ☐ : Final Report

1)

Date/Time, File Return to?

2) 9/10 - typist

Days Of Repair: 3

Resurvey No. of Trip: –

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

Report Format :

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

Survey Fee:	200
Transportation:	60
___S + RS, ___SI	
Photos	23
Others	
TOTAL	283