22/03/2002

ASS. REC. BY: | REF: CS/EGL18016223/Acd3/n2 | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Yee Pei Li of EGL Date/Time: 05092018 355pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBL 7097M Insured: SJL 7509Y

at Workshop m/s Hua Meng Tel:

of Blk 1 Kaki Bukit Ave 6 #01-61

Policy No: Claim No: SJL7509Y/SA/pl

Sum Insured: Excess:

Make of Veh: D.O.A. 30082018
(Client's Record)

CA / REV / REP. / REV 24 HRS / WP

H.O.D. Endorsement:

Date/Time: 05092018 4:07pm Person Contacted: Jure Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	FBL 7097M - X
	SJL 7509Y - X
	Revert pending est from repairer.

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. D.O.I. 17/09/18

Survey held at Hua Meng

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or front portion & N/S body

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

Date / Time	Action / Instruction
	TP Ecqo.
31/8	Confirmed L/S $700+ with repairer. (Rcd. 3282+, 82?)

RECEIVED 31 JUL 2019

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 700+)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	250
Others	
TOTAL	