12/03/2002

CS. REC. BY: | REF: CS/CWF18016804/TIrbs2 | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Gary Ng of Crawford Date/Time: 14/09/2018 1059am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLP 1044R Insured: Public Liability

at Workshop m/s Kah Motor Tel:

of 355 Alexandra Rd

Policy No: Claim No: 1089923/GN

Sum Insured: Excess:

Make of Veh: D.O.A. 07092018
(Client's Record)

CA / REV / REP. / REV 24 HRS 17092018 @ 10am owner waiting H.O.D. Endorsement:

Date/Time: 14092018 1136am Person Contacted: Gary Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLP 1044R - X
	Public Liability - X
	Sent preli to Gary thru email.
	Confirm with Jack $8,229.11 @ 8 days (Rcd: 1136.75, 12/.)

GIA / PR Seen: Consistent? Yes or No

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. 17/9/18

Survey held at Kah Motor

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

Rooftop, windscreen

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

Date / Time	Action / Instruction
	call Gary to confirm report type: soft & hardcopy.

RECEIVED 0 8 OCT 2018

12/10/2018.

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: 1

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

Report Format : TP

~~Lump Sum~~ / I.B.I: ($ 8229.11)

Survey Fee:	170
Transportation:	50
__$ + RS__ SI	50
Photos	30
Others	80
TOTAL	380