22/03/2002

ASS. REC. BY: | REF: CS/FWD18018231/Avbn2 | Special Instruction:

Surveyor: Merimen.

ASSIGNMENT (Office)

From (Person): Josey Loh of FWD Date/Time: 09.10.2018 @ 10.05am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLJ 9239A Insured:

at Workshop m/s Premium Tel:

of 55 Ubi Rd 1

Policy No: PNPV2018-00008681 Claim No: I2018D0012665

Sum Insured: Excess: $500.00

Make of Veh: D.O.A. 03.10.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 10.10.2018 @ 11am H.O.D. Endorsement:

Date/Time: 09.10.2018 10.07am Person Contacted: Jeffrey Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLJ 9239A - CCH/FWD18018032/Teg3 DOA: 03102018
11/10/18	Revert via merimen
11/10/18	Rece approved $ 4221 from Josey by merimen
11/10/18	Informed Nora C/A ex $500 by email
4/12/18	@ 505pm Nora will finalise asap

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 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. 06 mm L/Bal. 06 mm

D.O.A. 3/10/18 D.O.I. 10/10/18.

Survey held at Premium.

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

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

Date / Time	Action / Instruction
	OD FWD.
1/2/19	Final fig $ 4409.70 (Rec 1589.30, 2819) confirmed by email

RECEIVED 11 FEB 2019

Date/Time, File Pass to?

1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2) 1/2 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Report Format : merimen

Lump Sum / I.B.I: ($ 4109.70)

Survey Fee:	200
Transportation	50
S + RS SI	50
Photos	10
Others	
TOTAL	310