22/03/2002

ASS. REC. BY: Surveyor : Kenneth.

REF: CS/AGL18018757/Kth (2nd)

Special Instruction:

ASSIGNMENT (Office)

From (Person): Albert Hung of AGL Date/Time: 16.10.2018 1.40pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHF 740X Insured: SKW 279L

at Workshop m/s Trans Cab Tel: 63876666

of No. 2 Ang Sk 63

Policy No: Claim No: C1000217

Sum Insured: Excess:

Make of Veh: D.O.A. 13.10.2018
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 16.10.2018 1.44pm Person Contacted: Amanda Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHF 740X - x
	SKW 279L - x
11/9/19	refinalized at lump sum $8900/- (Red: 37922.74 : 80%)

Lum Sum: 1151 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Survey held at D.O.I: 16/10/18

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
17/10	File pass to Catherine
	$ 11098.25 (Red: 35344.51 : 76%)

RECEIVED 19 OCT 2018

Date/Time, File Pass to?
1) 18/10 Typist
Date/Time, File Return to?
2)

☐ : Prell. Report
☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: —

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

Survey Fee:
Transportation: $ + RS. SI
Photos
Others
450
TOTAL

Report Format : TP

Lump Sum / I.B.I. ($ 11098.25)

8900