22/03/2002

ASS. REC. BY: | REF: CS/UOL18019812 / TIVbn2 | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Chun Li Si of UOL Date/Time: 31.10.2018 10.12am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJP 6299M Insured: Public Liability

at Workshop m/s Wearnes Tel: 9129 4556.

of 249 Alexandra Rd

Policy No: Claim No: LIID55471811

Sum Insured: Excess:

Make of Veh: D.O.A. 12.10.2018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' 07.11.2018 @ 10am - 12pm H.C.D. Endorsement:

Date/Time: 31.10.2018 11.13am Person Contacted: Michelle Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SJP 6299M - x
	Public Liability - x
13/11/18	@ 233pm Michelle said vehicle under repair
15/11/18	Final fig $1950 confirmed by email (Red 1500, 43%)

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 7/11/18 @ 1130

Survey held at Wearnes Alexandra.

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

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

Date / Time	Action / Instruction
	No Key.

RECEIVED 15 NOV 2018

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 15/11- typist

☐ : 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: ($ 1950/2)

Survey Fee:	190
Transportation:	60
$ + P$ + S$	12
Photos	
Others	
TOTAL	262