22/03/2002

ASS. REC. BY: | REF: CS3/AG1180201445/JCL | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Julie Mangubat of AGI Date/Time: 12/11/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLH2200H Insured: SLF9938L

at Workshop m/s Apex Motoring Tel: 92342543

of 25 Kaki Bukit Rd 4 #01-55

Policy No: Claim No: C10002230/JM

Sum Insured: Excess:

Make of Veh: D.O.A. 10/11/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 12/11 Person Contacted: Mr Wai Vehicle (IN) / OUT

Date/Time	Action/Instruction (X) Estimate.
	SLH2200H - X
	SLF9938L - X.
	Dismantle: 13/11/2018
	No. GIA.
	After Repair: 23.11.2018

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:

L/Bal: 6 mm L/Bal: ~ mm

D.O.A. 10/11/2018 D.O.I. 12/11/18 @0449pm

Survey held at ~ @1655

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

Front, Rear

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

Date / Time	Action / Instruction
	Range: $5000 - $7000
	6 days

15/11/2018

Date/Time. File Pass to?

1)

Date/Time. File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee: 100

Transportation: 60+60

Add Fee: ☐ : Site Insp ($) S + PS SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format: PRS.

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

TOTAL 220