

SS. REC. BY:

REF:

CS3/AG118020445/Jcb2

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Julia 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: SLF2200H Insured: SLF9938Lat Workshop m/s Apex Motoring Tel: 9234 2543of 25 Kaki Bukit Rd 4 #01-55Policy No: _____ Claim No: C00002230/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 Wei Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SLH2200H-X</u>
	<u>SLF9938L-X</u>
	<u>Dismantle: 13/11/2018</u>
	<u>No. GIA.</u>
	<u>After repair: 23-11-2018</u>

GIA / PR Seen: _____ Consistency: YES or NO

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

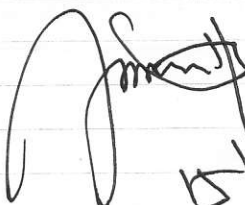
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

D.O.A. 10/11/2018 D.O.I. 12/11/18 @ 0449pmSurvey held at @ 1655Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop orFront, Rear

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

Date / Time _____ Action / Instruction
Range: \$5000 - \$7000
5 days
15/11/2018

Date/Time: File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Report Format: PRQ

Lump Sum / I.B.I. (\$) _____

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

) \$ + RS. \$ _____

) Photos

) Others

TOTAL

100
60+6020