22/03/2002

ASS. REC. BY: | REF: CS/ICS18020489/Atd3 | Special Instruction: n2

Surveyor: mennen

ASSIGNMENT (Office)

From (Person): Crystabelle Tan of ICS Date/Time: 13/11/18@ 9:35am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLC4381R Insured: SLE954D

at Workshop m/s People's Vehicle Recovery Tel: 6743 3246 / 67438552 (BOSS)

of Blk 3023A # 01-60 Ubi Rd 1

Policy No: Claim No: DMPC1800420H/02/CT

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 9/11/2018

CA / REV / REP. / REV 24 HRS (up)

Date/Time: 10:15am@ 13/11/18 Person Contacted: janet H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLC4381R-X
	SLE954D-X
14/11/18-	called jimmy (BOSS) VNI yet once in he will direct call Adrian.
	lump sum $3450 (Rec: 4691.95; 57%), 5days.

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. D.O.I. 21/11/18

Survey held at People.

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
	TP BCICS.

Date/Time, File Pass to?	Date/Time, File Return to?
1) 7/12 Typist	2)
3)	4)
5)	6)

Preli. Report:

Final Report:

Part Prices Check:

IN	OUT

Survey Fee:	Date:
Basic & Add.	250
__ S + RS, __ SI	10
Photos	
Others	
TOTAL	260