22/03/2002

ASS. REC. BY: | REF: CS/AGI18020696/Atd3 | Special Instruction: n2

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Albert Hong of AGI Date/Time: 15/11/18 @ 2:12pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: S6851CD Insured: SLE1071U

at Workshop m/s Premium Automobiles Tel: 67689828

of 55 Ubi Rd 1

Policy No: Claim No: C10002246

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 13/11/2018

CA / REV / REP. / REV 24 HRS (up) 20/11/2018 @ 2pm H.O.D. Endorsement:

Date/Time: 2:22pm @ 15/11/18 Person Contacted: James Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	S6851CD - X
	SLE1071U - X
	Confirm repair cost $6331.90 @ 4 days of repair
	(Red: 15473.10; 70%)

GIA / TPR Contr.

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up) Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 20/11/18

Survey held at Premium.

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 Budget Direct.

RECEIVED 21 MAR 2019

Date/Time, File Pass to? ☐ : Preli. Report

1) 20/3 Typist ☑ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: —

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / L.B.I: ($ 6331.90)

Survey Fee:

Transportation: ___S + RS___SI

Photos 450

Others

TOTAL