

ASS. REC. BY:

REF: CS/CT11802007/719d3n2

Special Instruction:

Surveyor: Zubich

ASSIGNMENT (Office)

From (Person): Catherine Fica of CTE

Date/Time: 20/11/18 @ 4:10pm

Estimated Cost: _____ Bill to: _____

OD TP WS TP RES OD RES EVA INV MV CS

To Inspect Vehicle No: SKM 55721 Insured: SGW 7382Y

at Workshop m/s Weemes Automotive Tel: 64304890

of 28 Leng Kee Road

Policy No: DMPCSN2004781800 Claim No: SNM18D05421C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/11/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 4:53pm 20/11/18 Person Contacted: Richmond Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKM 55721 - NA/AIG 17013247/h4 DUA: 7/7/2017
	SGW 7382Y - CS/CT118015886/4d3n2 DUA: 28/8/2018
<u>20/12/18 @</u>	<u>1207m confirmed with Richmond final fig \$ 5781.73, 4 days</u> <u>Chgd \$ 4509.17, 44%</u>

Est. Repairs: 4 days Res.: Yes or No

D.O.A. _____ D.O.I. 26/11/18 @ 320

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

Survey held at Weemes Automotive

CA / REV / REP. / 24 HRS

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

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

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

Date / Time	Action / Instruction
RECEIVED 20 DEC 2018	

Date/Time, File Pass to? Preli. Report

Days Of Repair: 4

1) 20/12 final Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:	
Transportation:	
S + RS: \$	
Photos	
Others	
TOTAL	220

Add Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Report Format: MEM-TP

Lump Sum / I.B.I.: (\$ 5781.73)