22/03/2002

ASS. REC. BY: | REF: CS/LPC18022000/Utb02 | Special Instruction:

Surveyor: merimen

ASSIGNMENT (Office)

From (Person): Gerald Poh of LPC Date/Time: 06122018 4:22pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMC 2611D Insured:

at Workshop m/s SME Motor Tel:

of Blk 1 Kaki Bukit Ave 6 #02-15

Policy No: Z18VP05019684 Claim No: 18/18/18/VP05/021191

Sum Insured: Excess: $ 500.00

Make of Veh: (Client's Record) D.O.A. 04122018

CA / REV / REP. / REV 24 HRS 07.122018 H.O.D. Endorsement:

Date/Time: 06122018 4:46pm Person Contacted: Sebastian Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMC 2611D - CS/LPC1801697D/Ktb DOA: 12092018
10/12@12:07pm	revert via merimen
10/12@2:30pm	received email ~~to~~ from Gerald authorise repair
10/12@3:16pm	inform Jenny pass message to Sebastian authorise repair
	check items need approval excess $500/-

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

Lum Sum: 1.31 % 3 Val.: Yes or No

D.O.A. 4/12/18 D.O.I. 7/12/18

Survey held at

CA / REV / REP. / 24 HRS LYA 69807 Vehicle: IN / OUT

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

Date: Person Contacted:

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

Date / Time	Action / Instruction
	Repairer only P/P 4yrs. Rale Dep 15k. >5yrs, FLS
18/12	- approval supplementary.
21/2/19	Confirm final Lg $15554.50 with AH yy. (Red: 5238.35; 25%)

10x15 = 150

150+170 = 320

RECEIVED 21 FEB 2019

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

1) 21/2 Typist ☑ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

320+20% =

Survey Fee: 384

Transportation: 50

Add Fee: ☐ : Site Insp ($) S + RS. SI 50+50+50+50

☐ : Interview ($) Photos (380) 207

☐ : Tech. Invs ($) Others

☐ : Weekend ($) 838

Report Format : OD

Lump Sum / LB ($ 15554.50)

TOTAL 22/2/19 841+10

851