

ASS. REC. BY:

REF:

es/EG18022134/ Avd3 | n2

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Yee Pei Li

of EGI

Date/Time: 10/12/18 11:40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: StQ 9909M

Insured: SJQ 5828M

at Workshop m/s

Cycle & Carriage Fulco

Tel: 9179 2566 / 6594 9163

of

330 Ubi Road 3

Policy No:

Claim No: SJQ 5828M / SL / pl

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 06/12/2018

CA / REV / REP. / REV 24 HRS 1wp

H.O.D. Endorsement:

Date/Time: 12:10pm 10/12/18

Person Contacted:

Mars Jee

Vehicle: IN (OUT)

Date/Time	Action/Instruction	Estimate
	(✓) Estimate advise consistency of damages.	
	StQ 9909M - X	
	SJQ 5828M - X	
11/12/18	UNI Y4.	
14/12/18	Email preli revised to Pei Li	
4/1/19	@ 234pm Mars will email us finalised	

GIA / PR Seen:

Consistent: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A.

D.O.I. 13/12/18

Survey held at

Cycle and Carriage (Ubi).

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

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

Date / Time	Action / Instruction
	TP E.g.o.

4/1/19 final fig \$11,990 confirmed by email (Red 5665, 317)

RECEIVED 07 JAN 2019

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 8

1)

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

2)

4/1 - typist

Add Fee:

: Site Insp (\$)

) \$ + RS, SI

: Interview (\$)

) Photos

: Tech Invs (\$)

) Others

: Weekend (\$)

Report Format: TP

Lump Sum / I.B.I.: (\$ 11,990/2)

TOTAL

350