ASS. REC. BY: | REF: cs/tpc18023090/Uqd3ek Special Instruction:

Surveyor: Marcus Meirmen

ASSIGNMENT (Office)

From (Person): Gerald poh of: tpc Date/Time: 26/12/18@ 12.40pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLA 9372H Insured:

at Workshop m/s: VAC Auto Tel: 96312535

of: 1 Kaki Bukit Ave 6 # 02-11

Policy No: Z18VP05017830 Claim No: 18/18/18/VP05/021253

Sum Insured: Excess: ~~TBA~~ 0f 28/12/18

Make of Veh: (Client's Record) D.O.A. 23/12/2018

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

Date/Time: 12.48pm @ 26/12/18 Person Contacted: Mr Victor Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLA 9372 U-X
26/12/18@	5.22pm revert to Gerald Poh via meirmen.
28/12/18@	10am Gerald Poh informed C/B by email.
28/12/18@	10.18am informed Victor C/B ~~S.Ex: 60f~~ by email.

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 1.5.1 % 3 Val.: Yes or No

CA / (REV) / REP. / 24 HRS LIA 42720 Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 23/12/18 D.O.I. 26/12/18

Survey held at

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

LH

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

Date / Time	Action / Instruction
	7 yrs. 3 mth.
14/1/19	confirmed final @ $400.40 with victor
	note parts home to includ GST 7%
	(Rcd $553.60, 40%)

RECEIVED 15 JAN 2019

3x15=45

170+45=215

215x 20% = 43

215+43=258

Date/Time, File Pass to? 1) 15/1 [ ] : Preli. Report [ ] : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Invs ($) [ ] : Weekend ($)

Report Format : MER - OD

Lump Sum / I.B.I: ($ 400.40)

Survey Fee:	258
Transportation:	50
___S + RS, ___SI	50+50
Photos 059	151
Others 18/1/19	
TOTAL	559+10

569