ASS. REC. BY: | REF: CS/FWD1802332S/Btd3 | Special Instruction:

Surveyor: Mr. Jim Meinmen

ASSIGNMENT (Office)

From (Person): Clara Li of PWD Date/Time: 31/12/18 9:41am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJJ 6120C Insured:

at Workshop m/s Torque 5 Tel: 6452 4457

of No. 8 Kaki Bukit Ave 4 #01-50

Policy No: PNCV2018-00000597 Claim No: 120180002073

Sum Insured: Excess: TBA

Make of Veh: (Client's Record) D.O.A. 26/12/18

CA / REV / REP. / REV 24 HRS

Date/Time: 9:51am @ 31/12/18 Person Contacted: Stephenie Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate
	SJJ 6120C - X
2/1 -	Revert via Meinmen
2/1 - @ 10:40am	authorise repair by Clara Li excess $1500 7-
2/1 - @ 11am	inform Torque 5 via email authorise repair excess 5/c
	Part by Part $ 13326. (Red. 4713.7 : 26%)

Est. Repairs: 7 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. 26/12/18 D.O.I. 31/12/18

Survey held at TORQUE 5

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
	NOT AUTHORISED
	PART BY PART
	MV 91,000
	PV 49,837
	NV 41,163

RECEIVED 01 MAR 2019

Date/Time, File Pass to? 1) WB Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

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

Report Format : OD

Lump Sum / I.B.I: ($ 13,326/-)

Survey Fee:	250
Transportation:	50
S + RS SI	50
Photos	
Others	
	10
TOTAL	