30/03/2002

ASS. REC. BY: | REF CS3/SMO190000546/Gcd3 | Special Instruction:

Surveyor: Guo Qiang

Merimen

ASSIGNMENT (Office)

From (Person): Ngo sau wei Shawn of SMO Date/Time: 9/1/19 @ 2pm.

Estimated Cost: Bill to:

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

To Inspect Vehicle No: JSF 670 Insured: SLV 465J

at Workshop m/s All wheel Motoring Tel: 8510202

of Blk 5032 - AMK Ind. Park 2 # 01-307

Policy No: D17MTPV01018489 Claim No: CMTD1805689

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 27/12/2018

CA / REV / REP. / REV 24 HRS (up) 10/01/19 H.O.D. Endorsement:

Date/Time: 3.34pm @ 9/1/19 Person Contacted: Ah Seng Vehicle IN / OUT

Date/Time	Action/Instruction
	(x) Estimate
	JSF 670 - x
	SLV 465J - x
14/1/2019	Dismantle

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

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 10-01-19

Survey held at w/s 4:30pm

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
	$2000 - $3000

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: -

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: S + RS S

Photos

Others

TOTAL

Report Format : PRS

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