

ASS. REC. BY:

REF:

CS3/EQ114001156/Jed3e2

CS3/EQ114001156/Jed3e2

Special Instruction:

Surveyor: Hwee Jie

ASSIGNMENT (Office)

From (Person): Joel Goh

of

EQI

Date/Time: 25/1/19 @ 207pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKM 8345D

Insured:

GBE 96494

at Workshop m/s

Eng Soon Spray Painting

Tel:

6760 6271

of

BLK 4 Yew Tee Ind Est 393-J Woodlands Road

Policy No:

Claim No:

DM19HO00169-JG

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/01/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

2:43pm @ 25/1/19

Person Contacted:

Mr. Leo

Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SKM 8345D - CC4/EQ114001156/7/1e63
	GBE 96494 - CC4/EQ114001156/7/1e63
	After repair: 30/1/2019.

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

D.O.A. 14/1/19

D.O.I.

25/1/19 @ 0325pm

Survey held at

Eng Soon

CA / REV / REP. / 24 HRS

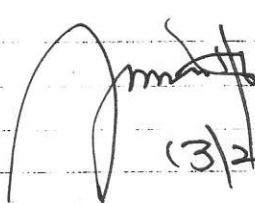
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	Range: \$7,000 - \$8,000
	6 days
	
	(3/2/2019)

Date/Time. File Pass to?

☐

Preli. Report

Days Of Repair:

6

1)

☐

Final Report

Resurvey No. of Trip:

1

Survey Fee:

100

Date/Time. File Return to?

Transportation:

2)

Add Fee:

☐

Site Insp (\$

) \$ + PS. \$ SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format: PRS

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

TOTAL

100