22/03/2003

ASS. REC. BY: | REF: CS3/LPC19001775/RHd3 72 | Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Ong Li Li of LPC Date/Time: 28012019 11.41am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKM 380D Insured: SKN 8728C

at Workshop m/s Eng Shing Tel: 6453 7380

of 160 Sin Ming Drive #06-21 98482189

Policy No: Claim No: 18/19/19/VP05/021370.

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 26012019

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsement:

Date/Time: 28012019 11.41am Person Contacted: Vehicle (IN) / OUT

Date/Time	Action/Instruction (X) Estimate
	SKM 380D - X
	SKN 8728C - CCE/AL171L4016961/Ah2a3W2 DOA: 31082014
	Submit PRS Report

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. 26/01/19 D.O.I. 28/01/19 2:06pm

Survey held at ENG SHING

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

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

Date / Time	Action / Instruction

RECEIVED 04 MAR 2019

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

1) 1B Typist ☑ : Final Report Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Report Format : PRS - TP

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

Survey Fee: 450

Transportation: $ + RS

Photos

Others

TOTAL