ASS. REC. BY: | REF: es3/FWD19003220/Gcd3 52 Special Instruction:

Surveyor: meimen

ASSIGNMENT (Office)

From (Person): Lionel Tan of: FWD Date/Time: 19/2/19 @ 6-47pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMG3072G Insured: SLH 9448E

at Workshop m/s: B.L. Garage Tel: 6702 3533

of: 25 Kaki Bkt Rd 4 #03-24

Policy No: PNPV2018-00016586 Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 16/2/19

CA / REV / REP. / REV 24 HRS 1up H.O.D. Endorsement: 21/2/19

Date/Time: 11.24am @ 20/2/19 Person Contacted: Lee mj Vehicle: IN / OUT

Date/Time	Action/Instruction (✕) Estimate
	SMG3072G - X
	SLH 9448E - CS/MSG18Cu7558/Avbn2 DOA: 22/4/18
	Dismantle: 22/2/19.

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.: 4-02 1

Survey held at W/S 5:10pm

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

O/S TA

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

Date / Time	Action / Instruction
	$3000 - $4000

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 4

Resurvey No. of Trip: -

Survey Fee:

Transportation: ___S+RS, ___SI

Add Fee: ☐ : Site Insp ($) Photos

☐ : Interview ($) Others

☐ : Tech. Invs ($)

☐ : Weekend ($)

TOTAL

Report Format: PRS

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