22/03/2002

ASS. REC. BY: | REF: CS/AGI19005462/Ktd3n2 | Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Justin Wong of AGI Date/Time: 26/3/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SME 6147R Insured: SJL 4864R

at Workshop m/s Thiam Heng Huat Tel: 82636295

of L76 S/M Drive #05-14 96391626

Policy No: Claim No: C/00002736/JW

Sum Insured: Excess:

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

CA / REV / REP. / REV 24 HRS LWP1 H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SME 6147R CC3/AGI9000718/APa3 DOA: 11/1/19
	SJL 4864R X
	Finalise
15/4	LL Lp 8260d email (Red: 6811.40, 72%)

GIA / PR Seen: Consistent? : Yes or No

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. 1/3/19 D.O.I. 27/3/19

Survey held at

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

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

Date / Time	Action / Instruction
	RECEIVED 10 JUN 2019

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

1) 10/6 Typist ☑ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 2600)

Survey Fee:

Transportation:

___S + RS, ___SI

Photos

Others

TOTAL 250