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 REP: 08/07/19 005828/At d3 Special Instruction:
 Surveyor: Adrian
 ASSIGNMENT (Office)
 From (Person): Chong Zoon Sen of CIE Date/Time: 2/4/19 @ 4:10pm
 Estimated Cost: Bill to:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY / CS
 To Inspect Vehicle No: SJG 7621G Insured: SKP 2134U
 at Workshop n/s: 96 Motorsports Tel: G702 6976
 of 62/64 Kaki Bukit Ave 6
 Policy No: DMPCLSN 30A 118011 Claim No: SNM19D201448

Sum insured: Excess:
 Make of Veh: D.O.A.
 (Client's Record)
 CA / REV / REP. / REV 24 HRS 3/4/19
 Date/Time: 5:10pm 2/4/19 Person Contacted: Payce H.O.D. Endorsement:
 Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJG 7621G-X
	SKP 2134U-X
	Lump Sum \$1,800 (Red: 5978.24, 76%)

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS lwp

Date: Person Contacted:

Vehicle: IN / OUT

D.O.A.

D.O.I. 03/04/19.

Survey held at

96 Motorsport.

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

Rear N/S.

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

Date / Time Action / Instruction
 TP Univ.

RECEIVED 15 JUL 2019

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

15/7 Typist ☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: TP

Lump Sum / I.B.I. (\$ 1800)

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