3/2002

~~ASS. REC. BY:~~ Surveyor: Taufikh

REF: CS3/ AWA19005909/T/cd3lez Special Instruction:

ASSIGNMENT (Office)

From (Person): Peggy Chan of AWAC Date/Time: 3/4/19 @ 1:29pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGX 6358U Insured: GBH 9247E

at Workshop m/s: platinum Werkz Tel: 67410610 / 92389179

of: 53 Ubi Ave 1 # 01-25

Policy No: AVCP SB 0093711 8CD Claim No: NSV1900166/SG

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 27/03/2019

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

Date/Time: 2:28pm @ 3/4/19 Person Contacted: Yu Shen Vehicle: (IN) / OUT

Date/Time	Action/Instruction
	(· X) Estimate
	Yushen agreed any surveyor to come for survey.
	SGX 6358U - x
	GBH 9247E - X
	Dismantle: 5/4/2019.

GIA / PR Seen: Consistent? : Yes or No L/Bal. 6 mm L/Bal. mm

Est. Repairs: days Res.: Yes or No D.O.A. D.O.I. 3/4/19 @ 5pm

Lum Sum: % 3 Val.: Yes or No Survey held at: Platinum Werkz

CA / REV / REP. / 24 HRS 1up Des. of Damages : Frt / (Rear) / O/S / N/S / U/C / Rooftop or

Vehicle: IN / OUT

Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	$6000 - $7000
	7days.

Date/Time, File Pass to? [ ] : Preli. Report Days Of Repair: 7

1) [ ] : Final Report Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: [ ] : Site Insp ($) __S + RS, __SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Report Format : PRS

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

Survey Fee:	100
Transportation:	100
S + RS, SI	
Photos	
Others	
TOTAL	200