

ASS. REC. BY:

REF: CS/FWD19005930 / Jcd3 Special Instruction

Surveyor: HW/ Jix ASSIGNMENT (Office)

From (Person): Clara Li of FWD Date/Time: 3/4/19 @ 12:57pm

Estimated Cost: Bill to:

OD (EP) WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No: GZ 2104B Insured: SGD 9064

at Workshop n/s: Kenny Motor Tel: 6758 8878 / 9178 0938

of Blk 22 woodlands link #01-23

Policy No: Claim No: 1201900008514/CL

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 1/4/2019

CA / REV / REP. / REV 24 HRS 4/4/19 @ after 10am

Date/Time: 2:22pm @ 3/4/19 Person Contacted: Annie Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	GZ 2104B - CS / TP 130111 66 / Rct 3 D.O.A - 03/03/2011
	SGD 9064 - X
	Dismantle: 8/4/2019
	After repair: 11/4/19.

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 lup

Date: Person Contacted: Vehicle: IN / OUT

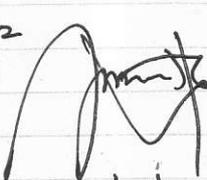
L/Dat. () mm L/Dat. () mm

D.O.A. 1/4/19 D.O.I. 4/4/19

Survey held at Kenny motor

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

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

Date / Time	Action / Instruction
	Range: \$4,000 to \$5,000 / 6 days
	
	8/4/2019
	RECEIVED 10 APR 2019

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

1) : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: 1

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

- Add Fee:
- Site Insp (\$)
 - Interview (\$)
 - Tech. Invs (\$)
 - Weekend (\$)

Report Format : PRS

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