

ASS. REC. BY:

REF: CS/smb19006031/T1+d3

Special Instruction: 02

Surveyor: Tauskh
Merriman

ASSIGNMENT (Office)

From (Person): Ruth Chua Gek Tiang of SMO

Date/Time: 5.4.19 8.59 a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJS 4601 X

Insured: PA9472 S

at Workshop m/s Auto whu ls motorworks

Tel: 97684247

of NO1. Bukit Batok Crescent, # 02-40

Policy No: D18MTSCBU 000367

Claim No: CMTD 1901610

Sum Insured: Excess:

Make of Veh: (Client's Record)

D.O.A. 30.3.2019

CA / REV / REP. / REV 24 HRS

"WP"

(10-300m owner waiting) 8.4.19

H.O.D. Endorsement:

Date/Time: 5.5.19 9.28 a.m

Person Contacted:

Louis

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJS 4601 X - X
	PA 9472 S - NS/INC 12007664/H/n D.O.A - 15/04/2012
11/4	Revised via merimen prei aduse.

GIA / PR Seen
 Est. Repair days Res.: Yes or No
 Turn Sum % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date Person Contacted Vehicle IN/OUT
 WP
 Louis

D.O.A. 9/4/19 @ 245pm
 Survey held at Auto wheel
 Deg. of Damages: Frit / RRA / O/S / MS / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction
 6/4/19 Repair Unit \$5000
 upon Louis repair Unit \$5K.

Rebate \$ 6842.

lump sum \$3500 confirm with Louis, 6 days

RECEIVED 06 MAY 2019

Date/Time File Pass to
 315 Typist
 Date/Time File Return to

Profi. Report
 Final Report

Days Of Repair: 6
 Resurvey No. of Trip: 1

Survey Fee:
 Transportation

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

(\$)
 (\$)
 (\$)
 (\$)
 (\$)

250
10
260

Report Format: TP
 Lump Sum: 35007