22/03/2002

ASS. REC. BY: | REF: CS/CTI19008102/ Es d3n2 | Special Instruction:

Surveyor : Steve

mermen

ASSIGNMENT (Office)

From (Person): Elaine Cheong of CTI Date/Time: 8.5.19 14.55pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKA 3035V Insured: SPE 4662R

at Workshop m/s Wearnes Automotive Tel: 81261237

of 28 Long Kee Road

Policy No: DMPCSN3008261901 Claim No: SNM19D202017C02

Sum Insured: Excess:

Make of Veh: D.O.A. 6.5.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS rup"

Date/Time: 8.5.19 3.15p.m Person Contacted: Paul H.O.D. Endorsement:

Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKA 3035 V -x
	SPE 4662R -x

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS rup"

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 6/5/19 D.O.I. 22/5/19

Survey held at Wearnes

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
	MV- 105K
31/5/19	Finalize (option $ 6,151.30, 4 days. (Richmond Wonder)
	($ 7,964.50 Red - 56%)

RECEIVED 31 MAY 2019

Date/Time, File Pass to? 31/05/19

1) Typed

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: /

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($ 6,151.30 P/P)

Survey Fee:	
Transportation:	
___ S + RS, ___ SI	
Photos	
Others	220
TOTAL	