

ASS. REC. BY:

REF: CS / SPFI9008438 / 11 d302 Special Instruction:

Surveyor: ASSIGNMENT (Office)From (Person): Francis Thuy of SPF Date/Time: 13/5/19Estimated Cost: Bill to:

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

To Inspect Vehicle No.: SME 10/L Insured: QX 1439Uat Workshop m/s THIAM HENG HUAT Tel: 9639 1626 Jennyof 176 S/M DRIVE #05-14 S/M AUTO CAREPolicy No: Claim No: AEMD/105/009/2019/061Sum Insured: Excess: Make of Veh: D.O.A.
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: Date/Time: Person Contacted: Vehicle IN/OUT

Date/Time	Action/Instruction
	Estimate ()
	SME 10/L x

OTA / PR Seen: Consistent? : Yes or NoEst. Repairs: days Res.: Yes or NoLum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

L/Bal. 6 mm L/Bal. 6 mmD.O.A. D.O.L. 14/5/19 @ 3pmSurvey held at Thiam Heng Huat #05-14

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
	# 05-09 55L6711K after repair.
	v/s will e-mail GHA & estimate.
	1/5 \$2500, 5 days
	\$2500 - \$3500. 2 weekend.

Submit us 2500 (red): 1, 6877-10! 73%!

Repair days : 5 days

Weekend: 2 days

Total: 7 days

RECEIVED 1 JUL 2019

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 5

1) 4/7 Typist

☐ : Final ReportResurvey No. of Trip:

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$Survey Fee: 200Transportation:

) \$ RES. SI

) Photo

) Other

TOTAL

200Report Format: TPLump Sum / L.B.E. (\$) 2500☐ : Interview (\$☐ : Tech. Insp (\$☐ : Weekend (\$