22/03/2002

ASS. REC. BY: | REF: cs/uoi19009073/Ksd3 | Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Lew Jenny of UOI Date/Time: 23/5/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 9863B Insured: GW 2489G

at Workshop m/s Transcab Tel: 62876666

of No. 2 Amk St. 63

Policy No: DHOM1101348914O5 Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 18/5/2019

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

Date/Time: 23/5/19 @ 2:11pm Person Contacted: Surender Vehicle IN / OUT

Date/Time	Action/Instruction Johnny ✓
	SHD 9863B - NBA/INC 18080050 ✓ DOA: 1/05/2018
	GW 2489G - X

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. 0 mm L/Bal. 0 mm

D.O.A. 18/5/19 D.O.I. 23/5/19

Survey held at ✓

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

Rear

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

Date / Time	Action / Instruction
	C/Lmp @ 2750/- Confirm
	($ 21,966.21 Red - 89%)

RECEIVED 30 MAY 2019

Date/Time, File Pass to?
30/05/19
1) Typist
Date/Time, File Return to?

2)

☐ : Preli. Report
☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: /

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

Report Format :

Lump Sum / I.B.I: ($ 2.750/- 45)

14 x 25 =

Survey Fee:	250+350
Transportation:	60
S / RS / SI	
Photos	580 13
Others	OTP
	6/6/19
	673