22/03/2002

ASS. REC. BY: | REF: CS/FC1900990/kf/jn2 | Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person): Joanne Yong of FC Date/Time: 04/6/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJN 1030P Insured: SHA 5197H

at Workshop m/s LIM TAN MOTOR Tel: 6452 0893 / 84845418

of Blk 176 S/M Drive #03-09/10/06 S/m Autocare

Policy No: Claim No: D1900 3644 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 01/6/19
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction ( ) Estimate
	SJN 1030P CC4/AAG(90241S) kf a3 DOR: 31/1/19
	SHA 5197H ✓
2/6@2:49pm	Revised preli advise via email
17/6	$3674.58 email & confirm (Red: 2393.25 / 39%)

Est. Repairs: 4-5 days Res.: Yes or No

Lum Sum: 1.81 % 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 1/6/19 D.O.I. 11/6/19

Survey held at ✓

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

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

Date / Time	Action / Instruction

RECEIVED 18 JUN 2019

Date/Time, File Pass to?
1) 18/6 Typist

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 : Tp

Lump Sum / I.B.I: ($ 3674.58)

Survey Fee:	145
Transportation:	50
S+RS, SI	50
Photos	15
Others	
TOTAL	260