

22/03/2002

ASS. REC. BY:

REF:

CS/FC19009900/K4324

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Joanne Yong

of

FC1

Date/Time: 04/6/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SIN 1030P

Insured:

SHA 5197H

at Workshop m/s

LIM TAN MOTOR

Tel:

6452 0893 / 84845418

of

41K 176 S/M DRIVE #03-09/10/06 S/M Autocare

Policy No:

Claim No:

D19003644 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

01/6/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction () Estimate

SIN 1030P CC4/11/19 (902415) Kf a3 DOW: 31/1/19

SHA 5197H

12/6@2:49pm Revised preli advise via email

17/6 \$3674.58 email & call (Red: 2393.25 / 39%)

Est. Repairs:

4-5 days

Res.: Yes or No

D.O.A.

1/6/19

D.O.I.

11/6/19

Lump Sum:

1.51 %

3 Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

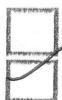
RECEIVED 18 JUN 2019

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 (\$)

Survey Fee:

Transportation:

3 + RS, SI

Photos

Others

TOTAL

145

50

50

15

260

Report Format:

TP

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