22/05/2019

ASS. REC. BY: | REF: CS / INC19010033 / GTvd307 | Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Cynthia Ang of INC Date/Time: 4/6/19@9:51am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGS 4984D Insured: SGK2531E

at Workshop m/s PNO-HXV2D Motor Tel: 8668-7666

of 25 Kaki Bukit Rd 4 #03-93

Policy No: Claim No: MT/1046034-002

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 24/5/2019

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

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

| Date/Time | Action/Instruction Estimate ✓ |
|---|---|
| | SGS 4984D - X |
| | SGK 2531E - X |
| | |
| | |
| | |
| | |

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 12-06-19

Survey held at w/s 4pm

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

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

| Date / Time | Action / Instruction |
|---|---|
| 12/6 | Finalised $ (LS) 2500 with Edmund. (Red 6676, 738) |

RECEIVED 18 JUN 2019

18/6/2019

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 18/6 - typist

Days Of Repair: 4

Resurvey No. of Trip: –

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

Report Format : TP

Lump Sum / I.B.I: ($ 2500/-)

| | |
|---|---|
| Survey Fee: | 250 |
| Transportation: | |
| S + RS, SI | |
| Photos | |
| Others | |
| TOTAL | 250 |