

ASS. REC. BY:

REF:

CS/GAI19012508/TV 2302

Special Instruction:

SURVEYOR: Tauhit

ASSIGNMENT (Office)

From (Person): Shuny wong

of GAI

Date/Time: 15.7.19 5.33p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: GBF 66584

Insured: GBD 7591U

at Workshop m/s SM Sheng Engineering
of NO 8 Tuas hvl 18

Tel: 68639595

Policy No:

Claim No: CLMOMV000003693

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 12.7.2019

CA / REV / REP. / REV 24 HRS

mp''

H.O.D. Endorsement:

Date/Time: 16.7.19 10.55a.m

Person Contacted: Pi Jin

Vehicle IN / OUT

Date/Time Action/Instruction (X) Estimate

GBF 66584 X

GBD 7591U X

22/7/19 LS \$4700 confirmed by email (Ref 2471.39, 3410)

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

D.O.A.

D.O.I.

17/7/2019

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

Survey held at

Sin Sheng

CA / REV / REP. / 24 HRS

mp''

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 23 JUL 2019

Date/Time, File Pass to?

: Preli. Report

Days Of Repair: 5

1)

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 22/7 - typist

Add Fee:

: Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Report Format: TP

Lump Sum / I.B.I. (\$) 4700

Survey Fee:

250

Transportation:

\$ + RS, \$ SI

Photos

Others

TOTAL

250