22/03/2002

ASS. REC. BY: | REF: CS/FC1/19013318/VYf3 | Special Instruction:

(WS) Surveyor: marcus

ASSIGNMENT (Office)

From (Person): Sithara of FC1 Date/Time: 30.7.19 3.56pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV 2257E Insured: SHA 8313U

at Workshop m/s SME Motor Tel: 67476106

of 1 Kaki Bukit Ave 6 Blk D 7/02-15/16

Policy No: Claim No: D19004826MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 23.7.19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 30.7.19 4.00p.m Person Contacted: Jacob Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SLV 2257E – X
	SHA 8313V – CS/QW18014764/K1SbS2 D.OA – 12/08/2018
	15/8/19 sent Preli revert by email.

Est. Repairs: 0 days Res.: Yes or No D.O.A.: 03/ / / / –1 8/ / /

Lum Sum: 1.B.I % 3 Val.: Yes or No Survey held at

CA / REV / REP. / 24 HRS LYA 4317 Vehicle: IN / OUT Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear

Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
20/8/19	Confirmed final fig #2833.20 with AH ying. (Red= 742-40, 21%)

RECEIVED 20 AUG 2019

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

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:	130
Transportation:	50
__S + RS.__SI	50
Photos	50
Others	
TOTAL	280

27/8 – Typist

Report Format :

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

P/P $2833-20