ASS. REC. BY: | REF: CS/INC190 15258/KIsd3 | Special Instruction: N2

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Daniel Koh of INC Date/Time: 29/8/19 @ 9.40am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 1073S Insured: GX 4114 U

at Workshop m/s premier Automotive Tel: 6544 6689

of 23 changi south Avenue 2 #01-02

Policy No: Claim No: MT/1056286-002

Sum Insured: Excess:

Make of Veh: D.O.A. 2/8/2019
(Client's Record)

~~CA~~ / ~~REV~~ / ~~REP.~~ / ~~REV 24 HRS~~

H.O.D. Endorsement:

Date/Time: 9.45am @ 29/8/19 Person Contacted: Mr. Liew Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction Estimate (✓)
	SHD 1073S-NA/A19150073A/F DOA: 29/04/2015
	GX 4114U - X

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

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

CA / REV / REP. / 24 HRS

Date: ____ Person Contacted: ____ Vehicle: IN / OUT

D.O.A. 4/8/19 D.O.I. 21/8/19

Survey held at Premier 12.05pm

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

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

Date / Time	Action / Instruction
	SHD 1073S X INC
	GX 4114U X
5/9/19	Claim 4/S $600/ 2 Days.
	($2,442.40 Red - 80%)

RECEIVED 06 SEP 2019

Date/Time, File Pass to? 05/09/19

1) Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Report Format :

Lump Sum / I.B.I: ($ 600/- 4/S)

Survey Fee:	
Transportation:	
___S + RS, ___SI	
Photos	
Others	
	250
TOTAL	