ASS. REC. BY: | REF: GS/LPC190178 43/ Gv d302 Special Instruction:

Surveyor : GQ

ASSIGNMENT (Office)

From (Person): Gerald poh of LPC Date/Time: 9/10/19@ 9.41am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBL 1259C Insured: SGG 5894J

at Workshop m/s A-Sphoon Tel: 65150770

of 36 toh Guan Road East # 01-35

Policy No: Claim No: 18/19/19/VP05/022441

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 20/04/2019

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

Date/Time: 10.12am@9/10/19 Person Contacted: Mr. Kee Vehicle IN / (OUT)

Date/Time	Action/Instruction
	Telmoto C / Insp: Blk 3007 Ubi Road 1 # 01-436
	FBL1259C - X
	SGG 5894J - X.
24/10/19	Email preli revised to Gerald
11/11/19	@ 510pm LS $1550 confirmed with mr Kee (Red 3660, 709)

GIA / PR Seen: Consistent? : Yes or No

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:

L/Bal. mm L/Bal. 7 mm

D.O.A. D.O.I. 11-10-19

Survey held at W/S 4:30pm

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

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

Date / Time	Action / Instruction

RECEIVED 12 NOV 2019

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 11/11 - typist

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 1550/2)

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