22/03/2003

ASS. REC. BY:
Surveyor: Marcus

REF: CS/AGI19018638/Utd3n2

Special Instruction:

ASSIGNMENT (Office)

From (Person): Ivy Raffilla of AGI Date/Time: 22/10/19 @ 11:21am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJN 3540X Insured: SJQ 5131P

at Workshop m/s Asia Motorsports. Tel: 9450 7920

of 15 Kaki Bukit Road 4 # 01-05/53

Policy No: Claim No: C10004359 /JM

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 19/10/2019

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

Date/Time: 11:46am @ 22/10/19 Person Contacted: Eileen Vehicle IN / OUT

Date/Time	Action/Instruction Estimate ✓
	SJN 3540X - NA/INC19018595/24 DOA: 19/10/2019
	SJQ 5131P - NA/INC19018595/24 DOA: 19/10/2019

Lum Sum: 20 % 3 Val.: Yes or No LYA13393

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted:

Survey held at

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

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

Date / Time	Action / Instruction
	4yrs 3mths
	Coe 31-1-2024 LYA13393
29/10/19	L/S $6800 confirmed w. Ee AH Lang (Ncd: 9493.19; 58%)

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:	
Transportation: __S + RS.__SI	
Photos	
Others	
	450
TOTAL	

Report Format:

Lump Sum / NBD ...