22/03/2002

ASS. REC. BY: | REF: CS/INC1908685/RVd3172 | Special Instruction:

Surveyor: Raju

ASSIGNMENT (Office)

From (Person): Theresa Vimalen of INC Date/Time: 9.43am@ 22/10/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBC 2399Y Insured: YK 9262Y

at Workshop m/s Sin Sheng Tel: 6863 9595

of No. 8 Tuas Ave 16

Policy No: Claim No: MT/1064166-002

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 23/09/2019

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

Date/Time: 10.13am@ 22/10/19 Person Contacted: Pei Jin Vehicle IN / OUT

Date/Time	Action/Instruction Johnny ✓
	GBC 2399Y - CC3/FCI1406033/Kqm 323 DOA: 24/12/2013
	YK 9262Y - CC3/MSUPS019688/Avbn2 DOA: 17/11/2015
1/11/19	Final fig $273.63 confirmed by email (Ref 1131.66, 8190) (No LS)

GIA / PR Seen: Consistent: Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.Bal: hhmm D.Bal: hhmm

D.O.A. 23/09/19 D.O.I. 22/10/19

Survey held at SIN SHENG 5.32

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

FRT O/S

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

Date / Time	Action / Instruction

RECEIVED 04 NOV 2019

1/11/2019

Date/Time, File Pass to? ☐ : Preli. Report Days Of Repair: 1

1) ☐ : Final Report Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 1/11 - typist

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

Report Format: TP

Lump Sum / LBUS: P/P $273.63

Survey Fee:	
Transportation:	
$ + PS $	
Photos	
Others	
TOTAL	250