

ASS. REC. BY:

REF: C8/INC1908685/R1vd3m2 Special Instruction:

Surveyor: Reaui

ASSIGNMENT (Office)

From (Person): Theresa Simalen

of

INC

Date/Time: 9.43am 22/10/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

ABC 2399Y

Insured:

YK 9262Y

at Workshop m/s:

Sin Sheng

Tel:

6863 9595

of

No. 8 trans Ave 18

Policy No:

Claim No:

MT/1069166-002

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

Tehmole (✓)

ABC 2399Y - ~~83~~/FCI14606033/Kgm 3x3

DOA: 24/12/2013

YK 9262Y - CCB/MSU15014688/Avbn2

DOA: 17/11/2015

1/11/19

Final fig \$273.63 Confirmed by email (Ref 1131.66, 8190) (No LS)

GIA / FR 0001

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.

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

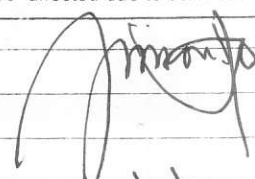
FRt O/S

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

☐

Final Report

1)

Date/Time, File Return to?

2) 1/11 - typist

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Report Format:

TP

Lump Sum / LBJ:

P/P \$273.63

Survey Fee:

Transportation:

S + PS \$

Photos

Others:

TOTAL

250