22/03/2002

ASS. REC. BY: | REF: es/SMO1901901963 7/kyd/30 | Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person): Melvin Yong of SMO Date/Time: 5/11/19 @ 5.46pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMJ 1817Y Insured: FBK 1294E

at Workshop m/s HC Auto Tel: 9457 0678

of 160 Sin Ming Drive # 05-09

Policy No: Claim No: CMTD1905135/THE

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 3/11/2019

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

Date/Time: 9.30am @ 6/11/19 Person Contacted: Mr Joe Vehicle IN / OUT

Date/Time	Action/Instruction
	Informed ✓
	SMJ 1817Y – NA/INC1901241B / Cr3 DOA: 13/7/2019
	FBK 1294E – X
11/11/2019	@ 8.41am Revised via preli advise.
15/11	C/Insp @ 4300h email & confirm (Red. 7138.24, 62%)

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: Person Contacted: Vehicle: IN / OUT

L/Dal. 0 mm L/Dal. 7 mm

D.O.A. 3/11/19 D.O.I. 6/11/19 ✓

Survey held at

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

Rec N/S

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

Date / Time	Action / Instruction

RECEIVED 13 JAN 2020

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

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

Report Format : TP

Lump Sum / L.D.I: @ 4300h

Survey Fee:	350
Transportation:	
S + RS SI	
Photos	
Others	
TOTAL	350