22/03/2002

ASS. REC. BY: | REF: CS/UOI/19020800/Eqf3 | Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Felix of UOI Date/Time: 25.11.19 3.33 p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJW 5936C Insured:

at Workshop m/s vantage Tel: 91904556

of 305 Bloxam Rd

Policy No: Claim No: M12D1211912

Sum Insured: Excess: $500.00

Make of Veh: D.O.A. 19.11.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 26.11.19 3.34p.m Person Contacted: Simon Loh H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJW 5936C - NBA1UOI19020643Y D.O.A - 20/11/2019
26/11/19@	11.24a.m revert to Jenny by email.
26/11/19@	3.01pm Katie Lee informed C/A & Ex: $500 by email.
26/11/19@	3.05pm informed Simon Poh C/A & Ex: $500 by email.
03/01/20@	3.07pm checked with Simon, the vehicle still under repairing.

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Survey held at Vantage

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
	MV - 48 K
	46

RECEIVED 21 JAN 2020

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Report Format :

Lump Sum / I.P.I: (%)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	240
Transportation:	60
S + RS, SI	80
Photos	45
Others	
TOTAL	425