22/03/2002

ASS. REC. BY: | REF: CS/FCL1700729/RIgh3N2 | Special Instruction:

Surveyor: Rasul (ars)

ASSIGNMENT (Office)

From (Person): Lurene JAW of FCL Date/Time: 13/4/2017 9.41am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLO 4345R Insured: SHC18UC

at Workshop m/s Cycle & carriage Automotive Tel: 65684501 | 96427143

of 2UA Pandan Gardens

Policy No: Claim No: 0170035671MFSY

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 3/4/2017

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

Date/Time: 13/4/2017 10.27am Person Contacted: JIAN YE Vehicle IN / ~~OUT~~ H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate.
	SLO4345R-x
	SHC18UC - CCL/PAZ1700636/MIPA3 DOA: 3/4/2017

Est. Repairs: 19 days Res.: Yes or No

Lum Sum: 1-B-1 % 3 Val.: Yes or No

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

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. 03/04/17 D.O.I. 03/04/17

Survey held at C&C CP(G)

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
17/4/17	email to Don, COR not more $29k.
17/4/17	email preli to Lurene.
27/11/17	P/P $ 27502 (Red: 8486.38, 24 l.)

RECEIVED 29 NOV 2017

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

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 19

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) S + RS SI

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format: TP

Lump Sum / I/B: ($ 27502)

23X15 = 345

Survey Fee:	170 + 345
Transportation:	50
S + RS SI	50
Photos	200
Others	
TOTAL	815

5/12/17