

ASS. REC. BY:

REF: CS/FCL17010722/Rlrbn2

Janice Special Instruction:

Surveyor: Rasul ASSIGNMENT (Office)

From (Person): CWS Luene Juw of FCL Date/Time: 02062017 9:11am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: 26m 5556D Insured: SHC 898R

at Workshop m/s WEARNES Tel: 64731488

of 249 Alexandria Road

Policy No: Claim No: D17005457 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 29052017 (Client's Record)

CA / REV / REP. / REV 24 HRS 'DS' 45 Long Kee Road H.O.D. Endorsement:

Date/Time: 02062017 9:22am Person Contacted: Zakaria Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	26m 5556D - X
	SHC 898R - NS/INC 15022010/Hlvbn2 DCA: 201215
	sent preli to Luene
	Confirm \$18,065.90, 5 days
	Red: \$3270.50, 15%

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.O.A. 29/05/17 D.O.I. 02/06/17

Survey held at WEARNES

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
	June Chassis photo
	workmen photo
	RECEIVED 15 DEC 2017

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

1) typr : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

- : Site Insp (\$)
- : Interview (\$)
- : Tech. Invs (\$)
- : Weekend (\$)

Survey Fee:	170 + 165
Transportation:	50
Photos:	50
Others:	44
TOTAL	479

Report Format: TP

Lump Sum / I.B.I: (\$ 18,065.90)