

ASS. REC. BY:

REF: CS/FC17018774/R19bn2

Special Instruction:

Surveyor
CWS

Result

ASSIGNMENT (Office)

From (Person): Joanne Yong

of FCI

Date/Time: 29/9/17 2:32pm

Estimated Cost:

Bill to

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

To Inspect Vehicle No:

SLA 6766L

Insured: SH 6777 K

at Workshop m/s

Munich Automobiles

Tel: 65667666 / 90515581

of 30 Teban Gardens Crescent

Policy No:

D-15072701MF5H

Claim No:

D17009210MF5H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 20/09/2017

CA / REV / REP. / REV 24 HRS

wp

2/10/2017 @ Morning

H.O.D. Endorsement:

Date/Time: 29/9/17 2:40pm

Person Contacted:

Tan Kok Ting

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

SLA 6766L - X

SH 6777K - NA / TMI 15015500 / d2-D.O.A: 13/9/15

03/10/17 @ 5.40pm revised to Joanne Yong by email.

04/10/17 @ 3.47pm confirmed with Tan Kok Ting final fig @ 6873.32,
3 days. by email. (Red & 8276.28, 43%)

Est. Repairs

3 days

Res: Yes or No

Lump Sum

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

wp

Date:

Person Contacted:

Vehicle IN / OUT

Date / Time

Action / Instruction

D.O.A.

20/9/17

D.O.I.

02/10/17

Survey held at:

Munich

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

d/s FRT

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

RECEIVED 04 DEC 2017

Date/Time File Pass to?

☐

: Preli. Report

04/12/17

☐

: Final Report

Date/Time File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

7P

Lump Sum / I.B.I. (\$)

10873.32

Survey Fee

Transportation

) S - RS S

) Photos

) Other

TOTAL

9x15=135

170+135

50

50

28

433