22/03/2002

ASS. REC. BY: | REF: CS/FCI17019435/GQb 12 | Special Instruction:

Surveyor: GQ CWS

ASSIGNMENT (Office)

From (Person): Sitheera of FCI Date/Time: 10/10/17 @ 2.24pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJH9596C Insured: SHD8502A

at Workshop m/s Trans EuroKars Tel: 63958685 / 96185991 / 91277928

of 5 UBI CLOSE

Policy No: Claim No: D17009487MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 4/10/17
(Client's Record)

CA / REV / REP. / REV 24 HRS 1wp/ 17/10/17 @ 9am owner waiting

Date/Time: 10/10/17 @ 2.54pm Person Contacted: Ronald H.O.D. Endorsement:

Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJH9596C - CC3/AIG17019190/K1ka3 - D.O.A: 4/10/17
	SHD8502A - CC3/AIG17019190/K1ka3 - D.O.A: 4/10/17
10/10/17 @ 1.54pm	revised to Sithara by email.
08/10/18 @ 5.15pm	checked with Catherine Chua, according to Ronald, the vehicle was not send in for repair due to awaiting liability issued.
09/10/18	Submit Preli. report.

Est. Repairs: 5 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. D.O.I. 17-10-17

Survey held at W/S 9AM

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

RECEIVED 09 OCT 2018

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

1) 09/10 Thelma ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Report Format :

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

Survey Fee:	160
Transportation:	50
___S + RS, ___SI	
Photos	16
Others	
TOTAL	226