ASS. REC. BY: RBE: CS/FCL17021883/GQb n2

Surveyor: GQ (WS)

ASSIGNMENT (Office)

From (Person): Serene Ler of: FCI Date/Time: 11:31am @ 10/11/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBH 2472S Insured: SH 9419A

at Workshop m/s: Kivile Enterprise Tel: 67488645

of: Blk 3007 Ubi Rd 1 #01-408

Policy No: D/1507770IMFSH Claim No: D17010238MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 31/10/2017

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

Date/Time: 11:34am @ 10/11/17 Person Contacted: Irene Toh Vehicle: IN / OUT H.O.D. Endorsement:

Date/Time	Action/Instruction (✓ Estimate)
	FBH 2472S - NA / MSIG170210334 / k4 DOA: 31-10-17
	SH 9419A - x
28/12/17 @ 2.38pm	revised to Serene thru email.

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 10-11-17

Survey held at w/s 4:15pm

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
	Tw 12/1/18 $ 1500 with Irene. (Rad $1187, 44%)

RECEIVED 31 JAN 2018

Date/Time, File Pass to? 1) 31/1 [ ]: Preli. Report [ ]: Final Report

Date/Time, File Return to? 2)

Days Of Repair: 3

Resurvey No. of Trip:

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

Report Format: TP

Lump Sum / I.B.I. ($ 1500)

Survey Fee:	110
Transportation:	50
S + RS SI	50
Photos	30 35
Others	
TOTAL	190

245