ASS'T REC. BY: | REF: CS/FCI170217746 / Arb 17 | Special Instruction:

Surveyor: CWS Adrian

ASSIGNMENT (Office)

From (Person): May Chua of FCI Date/Time: 9.26am @ 14/11/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJL5647H Insured: SHD 6990L

at Workshop m/s MG Solution Tel:

of 23 Kaki Bukit Ave 4 #02-03

Policy No: Claim No: D1701055QMFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 12/11/2017

CA / REV / REP. / REV 24 HRS 1 wp

H.O.D. Endorsement:

Date/Time: 9.35am @ 14/11/17 Person Contacted: Ms. Wong Vehicle: (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate .
	SJL5647H-CC4/AXA17005654/Ahb3q2-D.O.A: 16/03/2017
	SHD6990L-X

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1 wp

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I.

Survey held at MG Solution.

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
	TP / 1st Cap.
19/12	Adrian confirmed LS $4400+ with repairer. (Ref. 7166, 73, 612)
	MV: 22.5K
	PV: 14.5K.
	Nett: 8K.
	*For record purpose

RECEIVED 19 DEC 201

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 4400+)

Survey Fee:	170 + 15
Transportation:	50
___S + RS, ___SI	50
Photos	63
Others	
TOTAL	348