

12/20/2017

PASS: REC. BY:

REF: CS/FCI17021760/Rlvbn2

Special Instructions:

Surveyor: RWS

ASSIGNMENT (Office)

CWS

From (Person): Joanne Yong

of FCI

Date/Time: 3:03pm @ 14/11/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SJY8668X

Insured: SHD7187H

at Workshop m/s Wearnes Automotive

Tel: 81261237

of 249 Alexandra Road

Policy No:

Claim No: D1701059/MFSH

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 14/11/2017

CA / REV / REP. / REV 24 HRS

1wp

H.O.D. Endorsement:

Date/Time 5:01pm @ 14/11/17

Person Contacted:

Paul

Vehicle IN / OUT

Date/Time

Action/Instruction Estimate

SJY8668X - CS/AXA17015459/Rlvb - D.O.A: 1/8/2017

SHD7187H - CS/FCI17001708/M1gh3m2 - D.O.A: 23/01/2017

7/12/17

Email preli revised to FCI

14/12/17

Final fig \$ 7543.62 confirmed by email (Ref 2999.16, 2890)

Est. Repairs:

days

res. res or no

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A. 14/11/17

D.O.A. 06/12/17

Survey held at

WEARNES

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

O/S REAR

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

Date / Time

Action / Instruction

RECEIVED 15 DEC 2017

Date/Time. File Pass to?

: Preli. Report

1)

: Final Report

Date/Time. File Return to?

2) 14/12 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

170

Transportation:

50

Site Insp (\$)

50

Photos

24

Others

Report Format: CWS

Lump Sum / I.B.I. (\$) 7543.62

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

TOTAL

294