

ASS. REC. BY:

REF: CS/FCU7022340/RHber

Special Instruction:

Surveyor: Rahul

ASSIGNMENT (Office)

From (Person): CWS Sereve Ler of FCU Date/Time: 23-11-2017 1256pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: S6X 221U Insured: SMD 6779G

at Workshop m/s 21 Autolink Tel: 8444 8883

of 6D mandai Estate #07-01

Policy No: \_\_\_\_\_ Claim No: D17010776MFSH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 14-11-2017  
(Client's Record)

CA / REV / REP. / REV 24 HRS Wp1 H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 23-11-2017 1:52pm Person Contacted: Kif Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	S6X 221U - CS/TP(DSO186) / Accl DCA: 030608
	SMD 6779G - X
	Unconfirm Lump Sum \$6000 - (Red: 65466.56; 90%)

Consistency: Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

L/bal. 6 mm L/bal. 0 mm  
 D.O.A. 14/11/17 D.O.I. 23/11/17  
 Survey held at AUTOLINK  
 Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	market value \$25,000/-
	CTA : \$18,100/-
	NETT VALUE \$6,900/-

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) 29/11 Typist  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Format: TP  
 Lump Sum / I.B.I: (\$) \_\_\_\_\_

Days Of Repair: 12  
 Resurvey No. of Trip: 1  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_) ) S + RS, SI  
 : Interview (\$ \_\_\_\_\_) ) Photos  
 : Tech. Invs (\$ \_\_\_\_\_) ) Others 580  
 : Weekend (\$ \_\_\_\_\_) ) 21/11/17  
 TOTAL 857

62x15 = 930
170+930
50
50
129
1329