ASS. REC. BY: REF cs/FCI17022650/MIvb62 Special Instruction:

Surveyor: Ma. CWS

ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 4:10pm @ 28/11/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 4818R Insured: SHD 3088L

at Workshop m/s Chunni Motor Tel: 65427162

of AMK Autopoint, 8001 Huck Motor. # 01-05/06

Policy No: Claim No: D1701098 9MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 27/11/2017

CA / REV / REP. / REV 24 HRS 'DS' 29/11/17

Date/Time: 4:19pm @ 28/11/17 Person Contacted: Dorene H.O.D. Endorsement:

Vehicle: IN / OUT

Date/Time	Action/Instruction (✓ Estimate)
	SHD 4818R-X
	SHD 3088L-cs/FCI 17018964/Avb-D.O.A: 29/09/2017
30/11/17	Email preli revised to FCI
2/2/18	Ma confirmed LS $14,200 CRec 18,548.16, 56%

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'DS'

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 27/11/2017 D.O.I. 29/11/2017

Survey held at ?

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
	14 2017 10w/days OD

RECEIVED 05 FEB 2018

Date/Time File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to? 2) 2/2- typist

Days Of Repair: 10

Resurvey No. of Trip: 1

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

Report Format: CWS

Lump Sum / I.B.I: ($) 14,200/2

22 X15

Survey Fee:	170+330
Transportation	50
	50
Tel Photo	63
Others	550
	663

7/2/18