

ASS. REC. BY:

REF: cs/FCI17022704/Urbn2

Special Instruction:

Surveyor: Marcus CWS ASSIGNMENT (Office)

From (Person): Aung Yin Ming of FCI Date/Time: 6.58pm @ 28/11/17

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKX 2627Y Insured: SHB 3685Z

at Workshop m/s NPH Auto Tel: 67840663

of Blk 9005 Tampines Street 93 #01-246/254

Policy No: _____ Claim No: D17016999MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/11/17
(Client's Record)

CA / REV / REP. / REV 24 HRS lwp H.O.D. Endorsement: _____

Date/Time: 9.54am @ 29/11/17 Person Contacted: Peggy Vehicle: IN / OUT

Date/Time	Action/Instruction
	() Estimate
	SKX 2627Y - X
	SHB 3685Z - cs/40I16014181/H1gbd1-D.O.A.: 29/07/2016

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

D.O.A. 25/11/17 D.O.I. 29/11/17

Survey held at _____

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

Rear

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

Date / Time	Action / Instruction
	<u>LTA 53819</u>
<u>26/12/17</u>	<u>conf. mtg. w/s @ 4600 with Roy</u>
	<u>red. \$17,85.42, 28%</u>

RECEIVED 26 DEC 2017

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 6

1) lumpst

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: : Site Insp (\$ _____)

Transportation:

Report Format: TP

: Interview (\$ _____)

Photos

Lump Sum / I.B.I: (\$ 4600)

: Tech. Insp (\$ _____)

Others

: Weekend (\$ _____)

TOTAL

145
50
50
71
316