

ASS. REC. BY:

REF: CS/FCI17022888/Alqbn2

Special Instruction:

Surveyor: Rasu

ASSIGNMENT (Office)

From (Person): Ang Yin Ming

of

FCI

Date/Time: 5.35pm @ 1/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKL 8702L

Insured:

SHB 4914G

at Workshop m/s

Chern's Customcraft

Tel:

62725429

of Blk 1010, Blk March Lane 3 # 01-105

Policy No:

D-15072707MFSH

Claim No:

D17011103MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

28/11/17

CA / REV / REP. / REV 24 HRS

lwp

11.12.2017 @ 10.30am - 12pm

H.O.D. Endorsement:

Date/Time:

5.35pm @ 1/12/17

Person Contacted:

Sharon

Vehicle:

IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

SKL 8702L - X

SHB 4914G - CC3 / AIG17017609 / K1ya3q2 - D.O.A. 28/11/2017

17/12/17 @ 10.54a revised to Ang Yin Ming by email.

29/12/17 @ 1.42pm Confirmed with Sharon final fig \$995, 4 days.

(Red \$2301.50, 19%)

no lump sum.

Est. Repairs:

4 days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

D.O.A.

28/11/17

D.O.I.

28/11/17

Survey held at

Chern's Customcraft

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

o/s Rear

Date:

Person Contacted:

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

Date / Time

Action / Instruction

RECEIVED 03 JAN 2018

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

Days Of Repair:

4

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

100

Transportation:

50

(\$ + \$8 SI

50

Photos

28

Others

Report Format:

7P

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

995

TOTAL

228