22/03/2002

ASS. REC. BY: | REF: CS/FCL17022950/Yrb22 | Special Instruction:

Surveyor : Rosli

ASSIGNMENT (Office)

From (Person): CWS Joanne Yong of FCL Date/Time: 04/12/2017 2.26pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLK 1754B Insured: SHA 7297P

at Workshop m/s MOVA Tel: 6272 3892

of Blk 1008 Bukit Merah Lane 3 #01-04

Policy No: Claim No: D17011137MTSH

Sum Insured: Excess:

Make of Veh: D.O.A. 29.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 15.12.2017 @ 3pm H.O.D. Endorsement:

Date/Time: 04.12.2017 3pm Person Contacted: Nitha Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate	
	SLK 1754B - CCL1AXA17021073 / Spo3	DOA: 29.10.2017
	SHA 7297P - CS/FCL17003587 / TWb02	DOA: 10.02.2017
15/3/18	Sent preli thru email	
02/11/18	Nitha inform Liability not clear	
02/11/18	Submit preli report	

GIA / PR Seen: Consistent? : 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. 7 mm L/Bal. 6 mm

D.O.A. ? D.O.I. 15/12/2017

Survey held at Mova

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

FRT N/S

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

Date / Time	Action / Instruction
15/12/17	17:35 2D ESTIMATE
	RECEIVED 2 DEC 2017
	MV: $18K, LTA: $12,938.00, NV: $5,062.00

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: -

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

Report Format : TP

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

Survey Fee:	110
Transportation:	50
S+RS SI	13
Photos	
Others	
TOTAL	173