

ASS. REC. BY:

REF: CS/FCI/17023576/Urbn2

Special Instruction:

SURVIVOR:

CWS

Marcus

ASSIGNMENT (Office)

From (Person):

Lurene jaw

of

FCI

Date/Time:

2:34pm @12/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJ4 3574 L

Insured:

SHC 7609M

at Workshop m/s

Focus Auto

Tel:

688 69097

of

No. 1 Kaki Bukit Ave 6 Autobay # 02-50

Policy No:

Claim No:

D17011373MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

9/12/17

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

2:44pm @12/12/17

Person Contacted:

Ms. Sin

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SJ4 3574 L - CC4 / AXA 12002121 / Uee 3q2

D.O.A.: 31/01/2012

SHC 7609M - NS / INC 16006139 / H1vbd 1

D.O.A.: 1/04/2016

Sent preli to Lurene

Est. Repairs:

22

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A.

9/12/17

D.O.I.

12/12/17

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

12/12

LTA 8857
net \$1214327/12/17 4/5 @ 12.000 conf. with air way
Red: \$19,441.30 (62%).

RECEIVED 27 DEC 2017

Date/Time, File Pass to?



Preli. Report



Final Report

1) typist

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

22

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

21x15

170 + 315

50

50450

159

794

Report Format:

TP

Lump Sum / (K.S.): (\$

12,000