ASS. REQ. BY: REF: CS/FC117023644/Ktd3n2

Surveyor: Kenneth CWS

ASSIGNMENT (Office)

From (Person): Lorene Saw of: FC1 Date/Time: 11.00am @ 13/12/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 9920H Insured: SHB 3777S

at Workshop m/s: Trans-Cab Tel: 6287 6666

of: No. 2 AMK Strt 63

Policy No: Claim No: D17011426MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 10/12/2017

CA / REV / REP. / REV 24 HRS: lwp

Date/Time: 11.02am @ 13/12/17 Person Contacted: Condy Kong Vehicle: IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate	
	SHD 9920H - CC3/AxA 16002631/Kza3s2	D.O.A: 06/02/2016
	SHB 3777S - NA/INC16014649/S	D.O.A: 6/06/2016

Est. Repairs: 01 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. 10/12/17 D.O.I. 19/12/17 ✓

Survey held at

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

Frt o/s door

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

Date / Time	Action / Instruction
15/12	File pass to Corlorine
"	$325.00 (Red: 35862.11 ; 99%)
	RECEIVED 18 DEC 2017
	Check with celine. don't need to indicate inclusive of the repair on report

Date/Time, File Pass to? 1) 18/12 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: —

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech Invs ($)

☐ : Weekend ($)

Report Format: 325

Lump Sum / I.B.I: ($ 35862.11)

26x15: 390

Survey Fee:	170
Transportation:	50
S - RS SI	
Photos	12
Others (580) OSP	
TOTAL 19/12/17	622