ASS. REC. BY: REF: cs/FCI17023733/Ard3

Surveyor: Adrian

ASSIGNMENT (Office)

CWS

Entry (Person): May Chua of FCI Date/Time: 8.37am @ 14/12/17

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBD 3844S Insured: SHC 1190S

at Workshop m/s: Torque 5 Tel: 64524457

of No. 8 kaki Bukit Ave 4 #01-50 premier

Policy No: Claim No: D17011510MFSH

Sum Insured: Excess:

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

CA / REV / REP. / REV 24 HRS cwp

H.O.D. Endorsement:

Date/Time: 8.19am @ 14/12/17 Person Contacted: Lee Yi Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBD 3844S-X
	SHC 1190S-NS/INC17012631/M1/be2 D.O.A: 25/06/2017
	Sent preli thru email
	Confirm L/I $16,000, 13 days
	Red: $11,950.20, 43%.

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 cwp

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 14/12/17.

Survey held at Torque 5.

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

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

Date / Time	Action / Instruction
	TP 1st Cap.

MV: 58K
PV: 21K
Nett: 37K.

RECEIVED 31 JAN 2018

Date/Time File Pass to?

1) typist

Date/Time File Return to?

2)

☐ : Preli. Report

☑ : Final Report

SKL 5&P2

Days Of Repair: 13

Resurvey No. of Trip: 1

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

Report Format: TP

Lump Sum / ~~I.B.~~ I: ($ 16K)

60x15=900

Survey Fee:	170+900
Transportation:	50
___$ + PS ___$	50
Photos @3P	166
Others:	
TOTAL:	1336

7/3/18