

ASS. REC. BY:

REF:

CB / FCL18000240 / Krb

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Teo Swee Keong

of FCL

Date/Time: 04012018 3:10pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5374C

Insured:

SHC 3189J

at Workshop m/s

Trans Cab

Tel:

6257 1330

of

No. 2 AMK St 63

Policy No:

Claim No:

D18000369MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

01/01/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

H.O.D. Endorsement:

Date/Time: 04012018 3:15pm

Person Contacted:

Carly

Vehicle: IN OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 5374C - CB / ATG150H992 / Kyg392

DCA: 191015

SHC 3189J - x

Submit 45 @ 28K, 16 days

Red: @ 125, 495.02, 82%.

00%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Survey held at

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

o/s body

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

Date / Time

Action / Instruction

5/11 File pass to Corrine

RECEIVED 1 JUN 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☐

: Prell. Report

☒

: Final Report

Days Of Repair: 16

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS SI

Photocopy

Others

TOTAL

143x15 = 2145

1704 2145

50

39

2144

Report Format:

TP

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

28K