22/03/2002

ASS. REC. BY: | REF: CS/FCI18000343 / Agbez | Special Instruction:

Surveyor : Adrian.

ASSIGNMENT (Office)

From (Person): Aini of FCI Date/Time: 09.01.2018 1050am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBK 5543K Insured: SHA 90958

at Workshop m/s ComfortDelgro Tel: 6848 5725

of 320 Ubi Rd 3

Policy No: Claim No: SHA 90958

Sum Insured: Excess:

Make of Veh: D.O.A. 01.01.2018
(Client's Record)

CA / REV / REP. / REV 24 HRS / DS 10.01.2018 @ morning

Date/Time: 09.01.2018 230pm Person Contacted: Jasmine Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	FBK 5534K - X
	SHA 90958 - CS/FCI18000167 / Kvb DOA: 01-01-2018
11/1/18 @	3.30pm informed Aini, we are pending estimate from repairer.
15/3/18 @	4.20pm confirmed with Jasmine CS # 1050, 4 days, (Ref # 1574, 5977)
15/3/18 @	4.44pm revised to Aini by email.

Est. Repairs: days Pass: Yes or No

Sum Insured: $ Valid: Yes or No

CA / REV / REP / 24 HRS / DS

Vehicle IN / OUT

Date: Person Contacted:

D.O.A: D.O.: 10/01/18

Survey held at: Comfort (Ubi)

Det of Damages: Frt / Rear / R/S / L/S / Rectified at

The U/C / Chassis frame / Body Structure affected due to accident

Date Time Action / Instruction

TP 1st Cap

RECEIVED 16 MAR 2018

Date Time File Passed: 15/3 thurs

Prelim. Report

Final Report

Days Of Repair: 4

Resurvey No. of Trip

Add Fee:

Report Format: TP

Quote Sum: $ 1050

Survey Fee: 110

60

18

178