22/01/2002

ASS. REC. BY: | REF: CS/FCI18000602/M1qd3 | Special Instruction:

Surveyor: MA

ASSIGNMENT (Office)

From (Person): Aini of FCI Date/Time: 10/01/2018 @ 12.16pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJA 2392G Insured: SHB 4507Z

at Workshop m/s City Auto Tel: 64531235

of Blk 8 Sin Ming Ind. Est. Sct. B #01-58/60

Policy No: Claim No: D18000504 MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 08/01/2018

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

Date/Time: 12.3pm @ 10/01/18 Person Contacted: Vronica Vehicle IN / OUT H.O.D. Endorsement:

Date/Time	Action/Instruction (✓)
	Estimate Pending ID's VF to determine liability
	SJA 2392G - X
	SHA 4507Z - X
12/1/18 @ 4.18pm	revised to Aini by email.
22/6/18 @ 2.27pm	confirmed with Veronica LS $6000, 9 days.
	(Red $ 3533.50, 377)

Est. Repairs: 9 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 8/1/2018 D.O.I. 10/1/2018

Survey held at

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

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

Date / Time	Action / Instruction
	Ma, DLs check repair margin.

RECEIVED 22 JUN 2018

12/1

Date/Time File Pass to? 1) 22/6

Date/Time File Return to? 2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 9

Resurvey No. of Trip: 1

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

Report Format: TP

Lump Sum / I.B.I: ($ 6000)

Survey Fee:	170
Transportation:	50
S + RS SI	50
Photos	57
Others	
TOTAL	327