

ASS. REC. BY:

REF: CS/FCI18000914/T1vd3n2 Special Instruction:

Surveyor: Taufik ASSIGNMENT (Office)From (Person): Teo Swee Keong of FCI Date/Time: 15/1/18 @ 7:12pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SK 8515C Insured: SHC 3316Jat Workshop m/s Falcon-Air Auto Services Tel: 6779 5665of No. 8, Pandan Loop (Blk K/Blk 1) 128 226Policy No: Claim No: SHC 3316J (DOA: 12/1/18)

Sum Insured: Excess:

Make of Veh: D.O.A. 12/01/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (DS)

H.O.D. Endorsement:

Date/Time: 9:15am @ 16/1/2018 Person Contacted: AndyVehicle ☒ IN ☐ OUT

Date/Time Action/Instruction (✓) Estimate

SK 8515C-X

SHC 3316J-X

17/1/18 Email preli revised to Swee Keong26/18 LS \$2400 confirmed by email (Red 1177.92, 329)

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A.

D.O.I.

Survey held at

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

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

Date / Time Action / Instruction

RECEIVED 02 FEB 2018

Date/Time: File Pass to?

☐ : Preli. ReportDays Of Repair: 4

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time: File Return to?

Survey Fee

2/2- typistAdd Fee: ☐ Site Insp \$

Transportation

☐ Interview \$

Photos

☐ Tech. Insp \$

Other

☐ Weavers \$

Report Format:

Lump Sum / I.B.I. \$

TP

2400/p

130

50

50

30

260