REF: CS/FCI18001152/ TIvd3n2

CWS Tanfilch ASSIGNMENT (Office)

Prep (Person): Joanne Yong of FCI Date/Time: 5.23pm @ 17/01/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKS 6605K Insured: SHC 8857G

at Workshop m/s Wearnes Automotive Tel: 91291556

of 249 Alexandra Road

Policy No: Claim No: D18000344MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 12/1/2018

CA / REV / REP. / REV 24 HRS 1 wks 'DS' 08.02.2018 @ 9am-11am N.O.D. Endorsement:

Date/Time: 8.59am @ 18/1/18 Person Contacted: Michelle Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKS 6605K-X
	SHC 8857G-NS/INC16019223/HIvbn2 • D.O.A: 07/10/2016

12/2/18 Email preli revised to FCI

20/3/18 Final fig $ 5676.50 confirmed by email (Rec'd 10,760.90, 65%)

Est. Repairs: ____ days Hire: Yes or No D.O.A. D.O.T. 8/2/18 @ 11:15

Lum Sum: ____ $ 3 Veh: Yes or No Survey held at Wearnes Ceng Kee

CA / REV / REP. / 24 HRS 'DS' Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date: ____ Person Contacted: Michelle Vehicle IN / OUT The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

RECEIVED 2 0 MAR 2018

Date/Time File Pass to: ☐ : Preli. Report Days Of Repair: 3 62152 90

☐ : Final Report Resurvey No. of Trip: 1 Survey Fee 170+90

Date/Time File Return to: Transportation 50

20/3 - typist Add Fee: ☐ Site Insp $ 50

☐ Interpret $ OSP 46

Report Format: CWS ☐ Technical $ 21/3/18

Lump Sum / I.B. $: p/p $ 5676.50 ☐ Assistance $ 406