22/03/2002

ASS. REC. BY: | REF: CS/FCL18001933/Atbsv | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): CWS Sithara of FCL Date/Time: 31.01.2018 3.16pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJL 8421J Insured: SHB 4901T

at Workshop m/s Precise Auto Tel: 6755 7367

of Blk 1 Kaki Bukit Ave 6 #02-34

Policy No: Claim No: D18000878MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 26012018

CA / REV / REP. / REV 24 HRS / WP

Date/Time: 31.01.2018 4pm Person Contacted: Arine Vehicle IN / ~~OUT~~

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate	
	SJL 8421J - NA / LIP18001683 / Y	DOA: 19012018
	SHB 4901T - 09/FCL16016538 / TLGH3G2	DOA: 02082016
1/2-	Revert pending estimate	
	lump sum $2150+ (Red. 2671.68; 55%)	

Est. Repairs: 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. D.O.I. 30/01/18

Survey held at Precise.

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
	TP 1st Cap
	MV : 14K
	PV : 6.9K
	Neff : 7.1K

RECEIVED 21 DEC 2018

Date/Time, File Pass to?

1) 2/1/2 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: —

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

Report Format : TP

Lump Sum / I.B.I: ($ 2150+)

Survey Fee:	135
Transportation:	50
S+RS SI	50+50
Photos	27
Others	
TOTAL	312