27/03/2002

ASS. REC. BY: | REF: CS/FCI18004261/Kqd3n2 | Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): May Chua of FCI Date/Time: 5/3/18 @ 5.03pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJX 9932G Insured: SH 7290R

at Workshop m/s C.S. Ong Auto Tel: 64841933

of 10 AMK Ind. Prk 2A #02-16

Policy No: Claim No: D1800180 9MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 28/2/2018

CA / REV / REP. / REV 24 HRS 'DS' H.O.D. Endorsement:

Date/Time: 10.37am @ 6/3/18 Person Contacted: Mrs. Ong Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SJX 9932G - X
	SH 7290R - CC3/TM1150 20328/H/Hbd1 D.O.A: 28/11/18
01/3/18 @	3.38pm revised to May Chua by email.
	C/Up @ 5pm email & confirmed (Ref 68503.70, 63%)

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. 28/2/18 D.O.I. 6/3/18

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
7/3	1st pass to Cashier

RECEIVED 27 MAR 2018

Date/Time, File Pass to?
1) 27/3 tmr pm

Date/Time, File Return to?
2)

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 5000)

Survey Fee:	170+45 (3X15: 45)
Transportation:	50
$ + RS. SI	50
Photos	21
Others	
TOTAL	336