27/03/2002

ASS. REC. BY: | REF: CS/FCI/18007924/Rivbn2 | Special Instruction:

Surveyor : Rasul

ASSIGNMENT (Office)

From (Person): CWS Sithara of FCI Date/Time: 15/3/2018 1230pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 3988S Insured: SHA 8753H

at Workshop m/s Premier Tel: 6544 6682

of 23 Changi South Ave 2 # 03-01

Policy No: Claim No: D1800 2134MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 14/3/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS / DB

H.O.D. Endorsement:

Date/Time: 15/3/2018 1.20pm Person Contacted: Gary Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate.
	SHB 3988S - CCH/ATG/1200 8813 / H1SG2W2 DOA: J70412
	SHA 8753H - X
21/3/18	Email preli revised to FCI
11/4/18	LS $ 850 confirmed by email (Ref 3390.51, 80%)

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 14/03/18 D.O.I. 20/03/18

Survey held at PREMIER

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

RECEIVED 12 APR 2018

Date/Time. File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time. File Return to?

2) 11/4- typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($) ___S + RS ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

Report Format : CWS

Lump Sum / I.B.I: ($ 850/2)

Survey Fee:	135
Transportation	50
	50
	25
TOTAL	260