22/03/2003

ASS. REC. BY: Surveyor: Taufikh / CWS

REF: CS| FCI18005497/T|rd3er

Special Instruction:

ASSIGNMENT (Office)

From (Person): Aung Yin Ming of FCI Date/Time: 23/3/18 @ 1:57pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 427S Insured: SHB 4684U

at Workshop m/s Ding Automotive Tel: 62657130

of 31 Corporation Rd

Policy No: Claim No: D18002361MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 21/03/2018

CA / REV / REP. / REV 24 HRS 'wp' 26/03/2018 H.O.D. Endorsement:

Date/Time: 5.30pm @ 23/3/18 Person Contacted: Alex Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 427S - NS/INC1102 0089/Hlgn D.O.A: 29/9/11
	SHB 4684U - CS3/FCI17001451/Sth3s2 D.O.A: 18/1/17
	Confirm $6577.33 @ 6 day
	Red: $16228.36, 71%.

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. D.O.I. 26/3/17 @ 5pm

Survey held at Ding Auto

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 0 6 JUN 2018

Date/Time. File Pass to? [ ] : Preli. Report

1) Typist [✓] : Final Report

Date/Time. File Return to?

2)

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: ($ 6577.33)

	12X15
Survey Fee:	170+180
Transportation	50
) __S + RS__ SI	50
) Photos	125
) Others	
TOTAL	575

OSP 7/6/18