

ASS. REC. BY:

REF: CS/FCI18006256/Klqdz⁷²

Special Instruction:

Surveyor:

Kalin

ASSIGNMENT (Office)

From (Person):

CWS

Serene Lee

of

FCI

Date/Time: 05/04/18 @ 11:34am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 8002L

Insured:

SHD 34094

at Workshop m/s

Premier Automotive

Tel:

65 44 66 71

of 23 Changi South Ave 2 # 03-02

Policy No:

D-18088936MFSH

Claim No:

D18002710MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/04/18

CA / REV / REP. / REV 24 HRS

'wp

H.O.D. Endorsement:

Date/Time:

12:55pm @ 5/4/18

Person Contacted:

Gary

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHB 8002L - CC3 / AIG 17003860 / Hlea3g2

D.O.A.: 23/2/17

SHD 34094 - CC3 / AIG 13002432 / Hlg 2+2y

D.O.A.: 2/2/13

06/4/18 @ 3.17pm noted to Serene Lee by email.

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

L/Bal.

+

mm

L/Bal.

+

mm

D.O.A.

4/4/18

D.O.I.

5/4/18

Survey held at

Premier

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

11/4/18

Lent 4/5 \$7800 / 6 hrs (led to 4571.70, 370/0)

FCI

PIP

RECEIVED 13 APR 2018

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

6

2x15=30

11/3/18 transfer

☐

: Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

170 + 30

50

50

68

368

Report Format:

7P

Lump Sum 11/3/18

7800