

ASS. REC. BY:

REF:

CS/FCL18007086/Svb2

Special Instruction:

S

Surveyor: Sebastian

## ASSIGNMENT (Office)

From (Person): CWS Joanne Yong of FCL Date/Time: 16042018 524pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLG 3665H Insured: SHA 4997Y

at Workshop m/s World Auto Tel: 6362 1776

of No. 1 Kranji Loop

Policy No: Claim No: D18002811mfsh

Sum Insured: Excess:

Make of Veh: D.O.A. 08042018  
(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement:

Date/Time: 17042018 1006am Person Contacted: Daniel Vehicle: IN / OUT

Date/Time Action/Instruction (✓) Estimate

SLG 3665H - X

SHA 4997Y - NS / ZNC14007190 / Svm3k3

D.O.A. 160414

18/4/18

Email preli revised to FCI

24/4/18

@ 420pm final fig \$ 2830.40 confirmed with Sophia (Red 1160, 2990)

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

L/Bal. 6 mm

L/Bal. 6

D.O.A. 8/4/18

D.O.I. 17/4/18

Survey held at

World Auto

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

O/S Rear

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

RECEIVED 24 APR 2018

Date/Time. File Pass to?

☐ : Preli. Report☐ : Final Report

1)

Date/Time. File Return to?

2) 24/4 - typist

Report Format:

CWS

Lump Sum / L.B.I. (\$

2830.40

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

) \$ + RS. SI

Photos

Others

TOTAL

130

50

50

32

262