22/03/2002

ASS. REC. BY: | REF: CB/FCI18007089/R1/6b02 | Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): CWS Lurene Jaw of FCI Date/Time: 17042018 11.01 am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLQ 2886R Insured: SHC 227C

at Workshop m/s Wearnes Tel: 9124 4556

of 45 Leng Kee Rd

Policy No: Claim No: D1800289IMFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 12042018

CA / REV / REP. / REV 24 HRS / DS

H.O.D. Endorsement:

Date/Time: 17042018 11.13am Person Contacted: Michelle Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLQ 2886R - X
	SHC 227C - CB/FCI17012389/Kvb02 DOA: 220617
19/4/18 @	4.31pm revised to Lurene by email.
26/7/18 @	12.09pm Rasul finalised with Michelle final fig $19655.24, 14 days.
	(Prev $3081.30, 14 7.)

Est. Repairs: 14 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

D.O.A. 12/04/18 D.O.I. 17/04/18

Survey held at WEARNES

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 26 JUL 2018

26/7/2018

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 14

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 19655.24)

	17X15 = 180
Survey Fee:	170 + 180
Transportation:	50
___S + RS, ___SI	50
Photos 05	71
Others 26/7/18	
TOTAL	521