27/03/2002

ASS. REC. BY: | REF: CS/FCL18007317/Kirbez | Special Instruction:

Surveyor: Kenneth **ASSIGNMENT (Office)**

From (Person): CWS Serene Ler of FCL Date/Time: 19042018 4:13pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 5456A Insured: SHC 8879T

at Workshop m/s Trans Cab Tel:

of No. 2 Ang St 63

Policy No: Claim No: D18002923MTF91H

Sum Insured: Excess:

Make of Veh: D.O.A. 13042018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP' 20042018 H.O.D. Endorsement:

Date/Time: 19042018 4:50pm Person Contacted: Candy Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHC 5456A - CA/ALL10021CB/C2	DOA: 02022011
	SHC 8879T - CS/FCL17004684/Kirbon2	DOA: DIOB2017
23/4/18 @	3.19pm revised to Serene by email.	
	Est $17,100 (Rec'd $5768.36, 77%)	

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'WP'

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. 13/4/18 D.O.I. 20/4/18

Survey held at

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

O/S body

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

Date / Time	Action / Instruction
23/4	File pass to Catherine, Sor injury. Beside flat

RECEIVED 06 SEP 2018

Date/Time, File Pass to?

1) 06/9 tue 9am

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 12

Resurvey No. of Trip:

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

Report Format : TP

Lump Sum / I.B.I: ($ 17100)

64X15

Survey Fee:	170+960
Transportation:	50
S + PS: SI:	
Photos: 580	30
Others: OSP 6/9/18	
TOTAL	1210