22/03/2002

ASS. REC. BY:

Surveyor: Rasul

REF: CS/FCI18008184/Rls8be2

Special Instruction:

ASSIGNMENT (Office)

From (Person): CWS Sthara of FCI Date/Time: 30042018 635pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 3215Y Insured: SHC 491E

at Workshop m/s Ding Auto Tel: 8303 9588

of 31 Corporation Rd

Policy No: Claim No: D18003353MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 28042018

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

H.O.D. Endorsement:

Date/Time: 02052018 929am Person Contacted: Alex Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 3215Y - CC4/ALGD3003111/RYuh DLA: 11022009
	SHC-491E - CS/FCI17003076/Tlgh3m2 DLA: 130217

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 28/04/18 D.O.I. 02/05/18

Survey held at DINGH AUTO

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

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

Date / Time	Action / Instruction
	L/S $4,100/-
06/06/18	($21,324.28 - $4,100/-) - Reduction = 80%

RECEIVED 0 6 JUN 2018

Date/Time, File Pass to? 06/06/18 Typist

1)

Date/Time, File Return to?

2)

[ ] : Preli. Report

[✓] : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($ 4,100/- L/S)

	11x15
Survey Fee:	170+165
Transportation:	50
__S + RS, __SI	50
Photos 0889	63
Others 7/6/18	
TOTAL	498