

ASS. REC. BY:

REF: C9/FCI18009372/TI sd3/72
Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Sithum

of

FCI

Date/Time: 23/5/18 @ 5:35am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SIG 183A

Insured:

8HC 07 22P

at Workshop m/s

Performance Motor

Tel:

6319 0174

of

303 Alexandra Road

Policy No:

Claim No:

D18504070 MPSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/05/2018

CA / REV / REP. / REV 24 HRS

Cap

H.O.D. Endorsement:

Date/Time: 10:11am @ 23/5/18

Person Contacted:

caroline

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SIG 183A - X

13/8/18

8HC 722P - C03 / EQI16022512 / H/ua3g2
called caroline vehicle still not in yet

D.O.A.: 24/11/16

3/9/18

Email preli revised to FCI

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

28/8/18 clean.

Lump Sum:

%

3 Val.: Yes or No

Survey held at

PML

CA / REV / REP. / 24 HRS

WP

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

05/11/18 Confirmed P/P \$ 3,600.85 @ 3 days with Taufik
(\$ 3,445.20 Red - 49%)

RECEIVED 13 NOV 2018

Date/Time, File Pass to?

13/11/18

1)

Typist



Preli. Report



Final Report

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee

Transportation

Date/Time, File Return to?

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Workshop (\$

Report Format:

Lump Sum / LB L (\$ 3,600.85 / P/P

150

50

50

25

TOTAL

275