

ASS. REC. BY:

REF: Cs/FCI18010705/Utber

Special Instruction:

Surveyor: Marcus  
aws

ASSIGNMENT (Office)

From (Person): May chua

of FCI

Date/Time: 13/6/18 @ 5:56pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.: SGU 9200L

Insured: SHA 4890X

at Workshop m/s Yew Tee Automobile

Tel: 67023113

of 25 Kaki Blk Rd 4 # 01-61

Policy No:

Claim No: D18004633MFSH

Sum Insured:

Excess:

Make of Veh:  
(Client's Record)

D.O.A. 08/06/2018

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

H.O.D. Endorsement:

Date/Time: 8:52am @ 13/6/18

Person Contacted: May

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGU 9200L - X
	SHA 4890X - NS / WCI 18002453 / mthber OCA: 050218

GIA / PR Seen: Consistent? : Yes or No

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

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

L/Bal. mm

L/Bal. 6 mm

D.O.A. 8/6/18

D.O.I. 12/6/18

Survey held at

CA / REV / REP. / 24 HRS

63847

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

Date: Person Contacted:

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	coe until 28-5-2022
	3yrs 11mths. LTA 1995-7 next box 7
<u>13/6/18</u>	confirm L/S @ 7200 with shown. (Red: 4711.76 : 39%)

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: 12

1) 22/6 Typist

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:  : Site Insp (\$ )

: Interview (\$ )

: Tech. Invs (\$ )

: Weekend (\$ )

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

170+30

50

50

124

424

Report Format: TP

Lump Sum / I.B.I.: (\$ 7200/-)