22/03/2002

ASS. REC. BY: | REF: cs/FCI18011313/Kvd3 | Special Instruction: n2

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Lurene Jaw of FCI Date/Time: 21/06/18@6.02pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 258H Insured: SHC 0380S

at Workshop m/s Truns-Cab Tel: 6287 6666

of No. 2 AMK St. 63

Policy No: Claim No: D18004626 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 07/06/2018
(Client's Record) 22/06/2018

CA / REV / REP. / REV 24 HRS (up)

Date/Time: 6.05pm@21/6/18 Person Contacted: Ghien Yee H.O.D. Endorsement:

Vehicle ~~IN~~ / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SHD 258H-CS/TP10007292/Dcr/ DOA: 24/03/2010
	SHC0380S-CS/FCI16016931/Ugbn2 DOA: 07/04/2016
25/6/18	Email preli revised to FCI

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 7/6/18 D.O.I. 22/6/18

Survey held at ✓

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
25/6	File pass to Catherine
25/6/18	@ 2322.67 (Red 50, 328.93, 96%)

Date/Time File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time File Return to? 2) 25/6 - typist

Days Of Repair: 2

Resurvey No. of Trip: —

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

Report Format: CWS

Lump Sum / I.B.I: ($ 2322.67)

43x15² 645

Survey Fee:	170 + 645
Transportation	50
S + P	
Photo	16
Other	580
	26/6/18
TOTAL	881

6yp