

ASS. REC. BY:

REF: CS/FCI18011734/ Aqdznd Special Instruction:

Surveyor: CWS ASSIGNMENT (Office)

From (Person): Lurene jaw of FCI Date/Time: 27/6/18 @ 2:50pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GZ 5722 Y Insured: SHB 2285 B

at Workshop m/s People's Vehicle Recovery Service Tel: 6743 3246

of Blk 3023A # 01-60 Ubi Rd 1

Policy No: _____ Claim No: D18004836 MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 18/06/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (ds) H.O.D. Endorsement: _____

Date/Time: 4:49pm @ 27/6/18 Person Contacted: janet Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GZ 5722 Y - CC3/CA108024929/Cch DOA: 06/09/2018</u>
	<u>SHB 2285 B - CS/FCI17020301/Urbn2 DOA: 21/10/2017</u>
<u>12/7/18 @ 4:38pm</u>	<u>Informed Lurene, we are pending estimate from repairer.</u>
<u>24/7/18 @ 10:31am</u>	<u>Revised to Lurene by email.</u>
	<u>US \$ 2350, 3 days. (Red \$ 1713.67, 422h)</u>

GIA / PR Seen: _____ Consistent?: Yes or No
Est. Repairs: 3 days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

L/Bal. 06 mm L/Bal. 06 mm
D.O.A. _____ D.O.I. 11/07/18
Survey held at People's

CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP 1st Cap. COE Expiry: 15/06/21.</u>
	<u>MV: 23K. PV: 131K. Net: 9.91K.</u>
	<u>RECEIVED 25 JUL 2018</u>
	<u>MV: \$ 23K (Est) LTA \$ 13073 Net - \$ 9927</u>

Date/Time, File Pass to? : Preli. Report
1) 28/7/18 : Final Report

Days Of Repair: 3
Resurvey No. of Trip: 1

Date/Time, File Return to?

Report Format: TP
Lump Sum / I.P.I.: (\$) 2350

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

Survey Fee:	<u>135</u>
Transportation:	<u>50</u>
\$ + RS. + SI	<u>50</u>
Photos	<u>16</u>
Others	
TOTAL	<u>251</u>