

ASS. REC. BY:

REF: CS/FCL18011956/UTbn2

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): CWS Sthara

of FCL

Date/Time: 03/07/2018 3:37pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKG 9061Y

Insured: SHA 8162m

at Workshop m/s Fosterh Atd

Tel: 6746 5405

of Blk 1 Kaki Bukit Ave 6 #01-46

Policy No: Claim No: 018005114MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 29/06/2018
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: Person Contacted: Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKG 9061Y - x
	SHA 8162m - CS/FCL18003382/GGD3 D.O.A. 16/02/2018
16/7/18	@ 2.03pm revert pending estimate

Consistent: Yes or No

Est. Repairs: 9 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS LIA 46368

Date: Person Contacted: Vehicle: IN / OUT

L/Bal. mm L/Bal. mm

D.O.A. 29/6/18 D.O.I. 3/7/18

Survey held at

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

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

Date / Time	Action / Instruction
	have 6.0A 4 yrs. 4ml. dep 9800 net 7632
20/7/18	costed 2/5 @ 7500 with Alu. Cred: 20933 (73%)

RECEIVED 24 JUL 2018

Date/Time, File Pass to? : Preli. Report

1) 24/7 Typist : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I.: (\$ 7500/-)

Days Of Repair: 9

Resurvey No. of Trip:

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee: 170+270

Transportation: 50

Photos: 50

Others: 139

TOTAL: 679

18x15=270