22/03/2002

ASS. REC. BY: | REF: CS/FCI18012195/Gvd3 | Special Instruction: n2

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Karen Tan of FCI Date/Time: 4/7/18 @ 3.03pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLQ 2828J Insured: SH8236S

at Workshop m/s Trans Eurokars Tel: 91277928

of 5 Ubi Close

Policy No: Claim No: D1800 5170 MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 30/06/2018

CA / REV / REP. / REV 24 HRS (OS) 11/7/2018 @ 9am H.O.D. Endorsement:

Date/Time: 3.11pm @ 4/7/18 Person Contacted: Ronald Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLQ 2828J - x
	SH 8236S - CS/FCI1602 4425/Kvbn2 DOA: 19/12/2016
13/7/18	Email preli revised to FCI
16/8/18	@3.45pm) Ronald will remind Catherine to finalised
21/8/18	Final fig $ 8641.07 confirmed by email (Rec 4288.93, 33%)

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Date: Person Contacted: Vehicle: IN / OUT

D.Bal. 0 mm L/Bal. 6 mm

D.O.A. D.O.I. 11-07-18

Survey held at W/S 9AM

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
	RECEIVED 21 AUG 2018
	Install soundproof (paid by owner)

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 21/8 - typist

Days Of Repair: 6

Resurvey No. of Trip: —

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

Report Format : CWS

Lump Sum / I.B.I: ($ 8641.07)

2x15=30

Survey Fee:	170+30
Transportation:	50
___S + RS, ___SI	25
Photos	
Others	
TOTAL	275