ASS. REC. BY: Surveyor: N92 CWS

REF: CS/FCI 18012210/ Nvd3 n2

Special Instruction:

ASSIGNMENT (Office)

From (Person): Joanne Yong of FCI Date/Time: 4/7/18 @ 5.30pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 8468B Insured: SHA 4127S

at Workshop m/s Premier Automotive Tel: 65446682

of 23 Changi South Ave 2 # 03-02

Policy No: Claim No: D18005196MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 02/07/2018 05/07/2018

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

Date/Time: 5.47pm @ 4/7/18 Person Contacted: Goh wee dek Vehicle (IN) / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SHB 8468B - CC3/III 16014397/Hleb3q2 DOA: 29/7/2016
	SHA 4127S - CS3/FCI16024709/Sqh3s2 DOA: 24/11/2016
6/7/18	Email preli revised to FCI

Est. Repairs: days Res.: Yes or No D.O.A. D.O.I. 5/7/18

Lum Sum: % 3 Val.: Yes or No Survey held at PREMIER CHANGI

CA / REV / REP. / 24 HRS Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S FRONT

Vehicle: IN / OUT

Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	FCI L/S
9/7/18	FINALIZED LUMP SUM REPAIR $1150 / 3 DAYS
	(Red 1415.90, 55%)

RECEIVED 11 JUL 2018

Date/Time File Pass to: [ ]: Preli. Report Days Of Repair: 3

[ ]: Final Report Resurvey No. of Trip: 1

Date/Time File Return to: 11/7 - typist

Add Fee: [ ]: Site Insp. $

[ ] Intern. $

[ ] Tech. $

[ ] Weekend $

Survey Fee	110
Transportation	50
	50
Photos	18
Others	
Total	228

Report Format: CWS

Lump Sum / I.B.: $ LS $1150/-