

22/03/2002

ASS. REC. BY:

REF: CS/FCI18013107/Atd3

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

CWS

From (Person):

Sithera

of

FCI

Date/Time:

19/7/18 @ 9:19am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKV 4241Z

Insured:

SHB4573G

at Workshop in/s

United SG Automobile

Tel:

6747 4454

of

53 Ubi Ave 1 #01-56

9783197. - Ann.

Policy No:

Claim No:

D18005517 MFSTH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

17/07/2018

CA / REV / REP. / REV 24 HRS

'DS'

H.O.D. Endorsement:

Date/Time:

9:29am @ 19/7/18

Person Contacted:

Chris

Vehicle IN/OUT

90077556
Shawn

Date/Time	Action/Instruction (✓) Estimate	
	SKV 4241Z - NA / LPI18013004 / 24	DOA: 17/07/2018
	SHB 4573G - NA / LPI18013004 / 24	DOA: 17/07/2018
	Confirm lump sum \$12,000 (Red: 10906.60: 47%)	

ASSIGNMENT

From: _____ Date: 19/7/18

Estimated Cost: _____

OP ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKV 42412at Workshop m/s United SG Automobileof 53 ubi Ave / # 01-56

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS ^{1 up}

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKV 42412 Yr Regn: 2015 Sept.Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda City c.c. 1497Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 56068 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHGM66067000258Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/55R16R: 185/55R16BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 19/07/18Survey held at United SGDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP 1st Cap.</u>
	<u>MV: 6TK.</u>
	<u>PV: 51K</u>
	<u>Nett: 16K.</u>

Date/Time, File Pass to?

☐ : Preli. Report1) Typist☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 21

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

12x15=180

170+180

50

50+50

180

680

Report Format: TPLump Sum / I.B.I: (\$ 12,000/-)