22/03/2002

ASS. REC. BY: | REF: CS/FCI1801342S/ U td3 n2 | Special Instruction:

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Lurene Jaw of FCI Date/Time: 24/7/18 @ 9.21am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKX 1551M Insured: SHC 7088R

at Workshop m/s Progressive Automotive Tel: 67415336

of Blk 3022A Ubi Rd 1 #01-45/46

Policy No: Claim No: D1800 5583 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 20/07/2018
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 10.52am 24/7/18 Person Contacted: 800 Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJX1551M-X
	SHC7088R cs/FCI1500188 6/Kvb12 DOA: 30/1/2015
27/7-	Revert preli advise.

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS LTA 44391

Date: Person Contacted: Vehicle: IN / OUT

L/Bal. 6 mm D.O.A. 20/7/18

L/Bal. 6 mm D.O.I. 25/7/18

Survey held at

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

Rear

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

Date / Time	Action / Instruction
31/8/18	Confirm L/S @ 1550 with Ray. (Red. 1844.88; 54%)

RECEIVED 02 AUG 2018

Date/Time, File Pass to? 1) 2/8 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

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

Report Format : TP

Lump Sum / I.B.I: ($ 1550/-)

Survey Fee:	130
Transportation:	50
___S ÷ RS, ___SI	50
Photos	36 +3
Others	
TOTAL	216

269