

ASS REC. BY:

REF:

CS/FCI18013644 / Tlsbm

Special Instruction:

SURVEYOR:

TauAlch

ASSIGNMENT (Office)

From (Person):

CWS Serene Lee

of

FCL

Date/Time:

25/7/2018 12:42pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SLT 84133

Insured:

SHD 3309A

at Workshop m/s

Weaver

Tel:

6378 9336 / 9818 7217

of

249 Alexandra Rd

Policy No.:

Claim No.:

D1800 5503MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

16/7/2018

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

H.O.D. Endorsement:

Date/Time:

25/7/2018 1:50pm

Person Contacted:

Derek

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLT 84133 - X
	SHD 3309A - C03 / A12 / 12019351 / H1426521
21/8/18	Revert this email

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

6/8/18 @ 1:30

Lump Sum:

%

3 Val.: Yes or No

Survey held at

Weaver 249 Alexandra

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

29/8/18 Confirmed P/P \$10,599.31 @ 4 days with TauAlch.

(\$ 4,655.79 Red - 31%)

RECEIVED 29 AUG 2018

Date/Time, File Pass to?

Preli. Report

Days Of Repair:

4

5x15 = 75

1) 29/8/18 Typist

Final Report

Resurvey No. of Trip:

1

Survey Fee:

170 + 75

Date/Time, File Return to?

Transportation:

50

2)

Add Fee:

Site Insp (\$

) S + R5. \$1

50

Interview (\$

) Photos

26

Tech. Invs (\$

) Others

Weekend (\$

Report Format :

Lump Sum / L.B.I: (\$ 10,599.31 P/P)

TOTAL

371