

Surveyor:

REF: C93/FCL17019415/676-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): Karen Tan of FCL Date/Time: 02082018
 Estimated Cost: _____ Bill to: _____

US: ~~\$11500.00~~ \$2600
 46600
 Third Parties:

Claimant:

Surveyor: Impact AnalysisWorkshop: Triple-T AutomotiveOD/IP Re-inspection / Evaluation

To Inspect Vehicle No: YN 6837T Insured: SHB 6376X
 at Workshop m/s Triple-T Automotive Tel: Irene 63851171
 of Bik 6 Defu Lane 10 #01-556

Policy No: _____ Claim No: D17009514MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 07-10-2017
 (Client's Record)

08082018 (Tuesday) @ 430pm

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 16 days)Date/Time: _____ Submit Final Fig \$2950, 12 days (Red \$ 4400 / 9 %; Original _____ days)

Date/Time	Action/Instruction
	<u>19 Defu Lane 8 Singapore 539320</u>
	<u>YN 6837T - C93/FCL17019415/WB52</u>
	<u>SHB 6376X - NS/INC16023139/Hlgbn2</u>
	<u>Front portion: L/S \$9850.00</u>
	<u>Rear portion: P/P \$32,350.00</u>
	<u>Repair days: 12 days</u>

O/A: 07-10-17

O/A: 07-12-16

[Signature]
 2/10/2018

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

RECEIVED 8 OCT 2018

Para(3) : Nett Value

36x15=540

540+710=710

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Date:

Basic & Add

Transport

Photos

Others

Total

710

50

15

825

1) Date/Time 3/10/18 File Pass to typist

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____