

ASS. REC. BY:

REF: CS/FCI/8014879/NSD307

Special Instruction:

Surveyor:

Nqz

ASSIGNMENT (Office)

From (Person):

Karen Tan

of

FCI

Date/Time:

14/8/18 @ 6:57pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBK 80254

Insured:

SHC 2726R

at Workshop m/s

Bike production

Tel:

6392 2555

of

610 Suringoon Road

Policy No:

Claim No:

D18005859 MF84

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

31/07/2018

CA / REV / REP. / REV 24 HRS

(wp)

16/8/18

H.O.D. Endorsement:

Date/Time:

3:47pm @ 15/8/18

Person Contacted:

Wendy

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

FBK 80254-x

SHC 2726R - NSI INC 11001805 / Fg

DOA: 27/01/2011

20/8/18 @ 09:09 a.m. revised PA to Karen via email.

to check with Marcus.

Est. Repairs:

5 days

Res.: Yes or No

D.O.A. 31/7/18

D.O.I. 16/8/18

Lump Sum:

%

3 Val.: Yes or No

Survey held at

BIKE PRODUCTION

CA / REV / REP. / 24 HRS

(wp)

Des. of Damages (Fr) / 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

03/12/18

Submit Prel. report due to insured Convert to OD claim.

FCI L/S

Submit 2/5 \$10,600/- @ 5 days

(\$7,144.50 Red. 40%)

5/10/2018.

RECEIVED 03 DEC 2018

Date/Time, File Pass to?

03/12/18



Prel. Report

1)

Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

7x11

105470

Transportation:

50

S + RS, SI

50

Photos

81

Others

11/11/18

TOTAL

156

Report Format :

Lump Sum / I.B.I. (\$ 10,600/- 4/5)