22/03/2002

ASS. REC. BY: | REF: CS/FCL18016019 / Albn2 | Special Instruction:

Surveyor : Adrian

ASSIGNMENT (Office)

From (Person): CW3 Karen Tan of FCL Date/Time: 31082018 4:47pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBF 3080T Insured: SHA 7646R

at Workshop m/s People's Vehicle Tel: 6743 3246

of Blk 302A Ubi Rd 1 #01-60

Policy No: Claim No: D18006509MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 30082018
(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 03/09/2018 Person Contacted: Junet Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBF 3080T - X
	SHA 7646R - NS / ZNC1600T7111 / Hlgbn2 DLA: 250416
	Part by Part $7410+ CRed: 3609, 70', 32%)

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

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 03/09/18

Survey held at People.

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

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

Date / Time	Action / Instruction
	TP 1st Cap.

RECEIVED 09 NOV 2018

Date/Time, File Pass to?

1) 9/11 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 6 8757W

Resurvey No. of Trip: 2

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

Report Format : TP

Lump Sum / D.I: ($ 7410)

Survey Fee:	170+15
Transportation:	50
S + RS, SI	50+50
Photos (DSP)	66
Others 9/11/18	
TOTAL	401