27/03/2002

ASS. REC. BY: | REF: CS/FCI18016071/RIvbn2 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): CWS Lurene Jaw of FCI Date/Time: 03092018 3.43pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLL 9408T Insured: SHB 4920M

at Workshop m/s Pegasus Tel: 6513 7743

of 74 Kian Teck Rd

Policy No: Claim No: D1800644YMFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 27082018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'DO' 04092018 @ afternoon. H.O.D. Endorsement:

Date/Time: 03092018 5.05pm Person Contacted: Queenie Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLL 9408T - X
	SHB 4920M - NA / INC18013541 / k4 DOA: 27082018
6/9/18	Email preli revised to FCI
18/10/18	Final fig $ 3601.25 confirmed by email (Red 9143.75, 7.5%)

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 1wps

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 27/08/18 D.O.I. 04/09/18

Survey held at PEGASUS

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

RECEIVED 19 OCT 2018

Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 18/10 – typist

Days Of Repair: 6

Resurvey No. of Trip: 1

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

Report Format : CWS

Lump Sum / I.B.I: ($ 3601.25)

Survey Fee:	170 + 15
Transportation:	50
S + RS, SI	50
Photos	42
Others	
TOTAL	327