22/03/2002

ASS. REC. BY: | REF: CS/FCI18006295/ Tlt d3/2 Special Instruction:

Surveyor : CWS

**ASSIGNMENT (Office)**

From (Person): Serene Ter of FCI Date/Time: 06/09/18 @ 2.39pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJN1741X Insured: SHD6839S

at Workshop m/s Mova Automotive Tel: 62723892

of Blk 1008, Bkt Merah Lane 3 # 01-04

Policy No: Claim No: D18006578 MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 01/09/2018
(Client's Record)

**CA / REV / REP. / REV 24 HRS** (up)

H.O.D. Endorsement:

Date/Time: 2.41pm @ 6/9/18 Person Contacted: Nitha Vehicle IN / (OUT)

| Date/Time | Action/Instruction ( ✓ ) Estimate |
|---|---|
| | SJN1741X - X |
| | SHD6839S - X |
| 12/9/18 @ | 3.52pm revised to Serene Ter by email. |
| | |
| | MV: 12K LTA (EST) & 7423 NV: ~~4611~~ 4577 |

GIA / PR Seen: Consistent : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No
After 2pm

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 12/9/18 @ 7.00

Survey held at Mova BM

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 |
|---|---|
| | Taufikh, |
| | Pls check repair margin. |
| | lump Sum $4500/- (Red: 2406.96 : 34%) |

RECEIVED 09 JAN 2019

19/9

Date/Time, File Pass to?
1) 9/1 typist

Date/Time, File Return to?
2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 4500 )

| | |
|---|---|
| Survey Fee: | 145 |
| Transportation: | 50 |
| ___S + RS, ___SI | 50 |
| Photos | 59 |
| Others | |
| TOTAL | 304 |