

ASS. REC. BY:

REF: CS/FCI-1801749 /kt d3

Special Instruction:

Surveyor: Xinguo Qiang

ASSIGNMENT (Office)

From (Person): CWS (Karen Tan)of FCIDate/Time: 26/9/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SNC 3290P

Insured:

at Workshop m/s Yong Sing Motor

Tel:

of 10, Defu Lane 8 Defu Industrial Estate Singapore 539315.

Policy No:

Claim No:

D18006990 MASH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/9/18

CA / REV / REP. / REV 24 HRS (WP)

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate

Est. Repairs:

5 days

Res.: Yes or No

D.O.A.

D.O.I.

Lum Sum:

%

3 Val.: Yes or No

Survey held at

w/s10-04-184:30pm

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / 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
<u>13/3/19</u>	<u>\$4896.25 (Red: 3800.25; 43%) confirm with Sam Sim.</u>

RECEIVED 13 MAR 2019

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 51) 13/3 Typist☒

Final Report

Resurvey No. of Trip: 2

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photo

Others

TOTAL

Report Format: TPLump Sum / I.E.I.: (\$ 4896.25)170 + 155050 + 5097432