22/03/2002

ASS. REC. BY: | REF: CS/FCI18017999/Gqbnz | Special Instruction:

Surveyor: GL

ASSIGNMENT (Office)

From (Person): CWS Karen Tan of FCI Date/Time: 04.10.2018 1104pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKW 5616 P Insured: SHA 3896L

at Workshop m/s Alan's United Tel: 6453 8686

of Blk 7 Sin Ming Ind Est # 01-76

Policy No: Claim No: D18007255MTSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 02.10.2018

CA / REV / REP. / REV 24 HRS ~~WP~~

H.O.D. Endorsement:

Date/Time: 04.10.2018 1.57pm Person Contacted: Kenny Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKW 5616P - X
	SHA 3896L - CS/FCI18004229/Urd342 DOA: 01.03.2018
05/10/18 @ 2.01p	revised to Karen Tan by email.

Est. Repairs: 10 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.: 01-12-18

Survey held at W/S 4:30pm

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

Rear N/S

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

Date / Time	Action / Instruction
30/11	finally w/ $7307 with Boss (Rod $3029.20, 29%) no lump sum

RECEIVED 03 DEC 2018

30/11/2018

Date/Time, File Pass to?

1) 03/12 thmist

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 7307)

Survey Fee:	170
Transportation:	50
___S + RS. ___SI	50
Photos	91
Others	
TOTAL	361