23/02/2002

ASS. REC. BY: | REF: CS/FCI18018369/RIVd3 | Special Instruction: n2

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): May Chua of FCI Date/Time: 10/10/18@8.56am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLN 2369H Insured: SHC 3020L

at Workshop m/s Performance Motor Tel: 63190174

of 303 Alexandra Rd

Policy No: Claim No: D18007341MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 06/10/2018

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

Date/Time: 9.00am@10/10/18 Person Contacted: Caroline H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SLN 2369H - X
	SHC 3020L - X
24/10/18	Email preli revised to FCI
29/11/18	Final fig $10,146.30 confirmed by email (Red 1176.65, 10%)

GIA / PR Seen: Consistent / Not Consistent

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. 06/10/18 D.O.I. 22/10/18

Survey held at PERFORMANCE

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

O/S REAR

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

Date / Time	Action / Instruction

RECEIVED 29 NOV 2018

29/11/2018

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

Days Of Repair: 7 29/11/18 @ 1040am.

Resurvey No. of Trip: —

Date/Time, File Return to? 2) 29/11 – typist

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

Report Format : CWS

Lump Sum / I.B.I: ($ 10,146.30)

Survey Fee:	170 + 15
Transportation:	50
S + PS: SI:	
Photos:	21
Others:	
TOTAL:	256