22/03/2002

ASS. REC. BY: | REF: CS/FCI18019243/ Ug d3021 | Special Instruction:

Surveyor: CWS

ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 22/10/18@ 4:10pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLE 5012 P Insured: SHB 4268M

at Workshop m/s Kah Motor Tel: 81006306

of 15 Ubi Road 4

Policy No: Claim No: D1800756QMFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 17/10/2018
(Client's Record)

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

Date/Time: 10:20am@ 23/10/18 Person Contacted: Any Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate
	SLE 5012 P - X
	SHB 4268M - CC3/CM1702032 6/M/wb3n2 DoA: 20/10/17
05/11/18 @	2:56pm revised to Eileen Lee by email.

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: LB1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (DS) HMS2029

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 17/10/18 D.O.I. 1/10/18

Survey held at

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

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

Date / Time	Action / Instruction
4/11/18	Confirmed final @ $7542.05 with Any (Rad $897.08, 54%)

RECEIVED 05 DEC 2018

Date/Time, File Pass to?
1) 05/12 tmrw

Date/Time, File Return to?
2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($) S + RS SI
☐ : Interview ($) Photo 5 87
☐ : Tech. Invs ($) Other 11/12/18
☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 7542.05)

GX15

Survey Fee:	170+90
Transportation:	50
	50
	77
TOTAL	437