

ASS. REC. BY:

REF:

CS/FCI18020440/Ntber

Specia

Surveyor

ASSIGNMENT (Office)

From (Person): Lurene of FCI De

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: FBM 3000M Insured: SHB 2377Uat Workshop m/s Bike Production Tel: 63922585of G10 Serangoon RdPolicy No: _____ Claim No: D18007917MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 2/11/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 12/11 Person Contacted: _____ Vehicle IN / OUT

Date/Time	Action/Instruction () Estimate
	FBM 3000M - X
	SHB 2377U - X.
	Unconfirm \$3881.50/-, (Red: 1651.70; 29%)

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

D.O.A. 2/11/18 D.O.I. 14/11/18Survey held at Bike ProductionDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

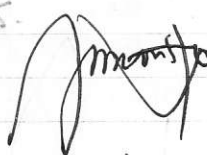
Date / Time Action / Instruction

NAZ1

Pls see my remarks.

RECEIVED 01 MAR 2019

FCI e/p



29/11/2018



28/12/2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 3

11/3 Typist

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Other

TOTAL

170

50

50150

88

Report Format:

TP

Lump Sum / I.B.I. (\$) 3881.50/-

13/1/19

108