22/03/2002

ASS. REC. BY: | REF: CS/FCI18021713/Kvbn2 | Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person): CWS Karen Tan of FCI Date/Time: 03122018 4.14pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMF 3269L Insured: SHC 1426M

at Workshop m/s Cheng Hoe Tel: 67556143.

of Blk 709 Yishun Ind Park A #07-374

Policy No: Claim No: D1800354OMFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 01-12-2018

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

Date/Time: 03-12-2018 1430pm Person Contacted: Jure H.O.D. Endorsement: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMF 3269L - X
	SHC 1426M - CS/FCI18015592/Rlqd3n2 DOA: 30/8/2018
4/12/18	Email preli revised to FCI

Lum Sum: L.B.I / % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Survey held at D.O.I. 3/12/18

Des. 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
4/12	File pass to Catherine
12/3/19	@ 6305.56 Confirmed Effected. (Ref 2535.04, 3999

RECEIVED 12 MAR 2019

Date/Time, File Pass to?

1) ☐ : Prell. Report

☐ : Final Report

Date/Time, File Return to?

2) 12/3 - typist

Days Of Repair: 8

Resurvey No. of Trip: 3

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

Report Format : CWS

Lump Sum / I.B.I: ($ 6305.56)

Survey Fee:	160
Transportation:	50
___$ + RS.___SI	50+50+50
Photos	35
Others	
TOTAL	395