22/03/2002

ASS. REC. BY: | REF: CS/FCI18021900/TI Vbn2 | Special Instruction:

Surveyor : Taufiek

ASSIGNMENT (Office)

From (Person): CWS Sithara of FCI Date/Time: 05122018 2.02pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJX 6628E Insured: SHC 7715P

at Workshop m/s Volkswagen Tel:

of 247 Alexandra Rd

Policy No: Claim No: D18008561MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 01.122018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'DS' 06.12.2018 @ 11am H.O.D. Endorsement:

Date/Time: 05122018 2.12pm Person Contacted: Charmaine Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate.
	SJX 6628E - CCS/AIG/5013474/R1vbc2 DOA: 05082018
	SHC 7715P - CCS/FCI/18021819/Dab5 DOA: 01.12.2018
10/12/18	Email preli revised to FCI
20/12/18	Final fig $ 4814.57 confirmed by email (Red 3907.22, 45%)

GIA / PR Seen: Consultant / Tech

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'DS'

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. D.O.I. 6/12/18 ellio

Survey held at VW Alexandra.

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

RECEIVED 21 DEC 2018

Date/Time, File Pass to?

1) ☐ : Preli. Report ☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: —

Date/Time, File Return to?

2) 20/12 - typist

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

Report Format : CWS

Lump Sum / I.B.I: ($ 4814.57)

Survey Fee:	160
Transportation:	50
S + RS SI	
Photos	28
Others	
TOTAL	238