22/03/002

ASS. REC. BY: | REF: CS/FCI1802207 4/ KSd3 n2 | Special Instruction:

Surveyor : Kenneth CWS

ASSIGNMENT (Office)

From (Person): Karen Tan of FCI Date/Time: 4.47pm @ 07/12/18

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLS 5433J Insured: SHA 3056 U

at Workshop m/s Ah Jim Motor Tel: 64831244

of No. 10 AMK Ind. Park 2A #01-09

Policy No: Claim No: D1800852MPSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 30/11/2018

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

Date/Time: 5.40pm @ 7/12/18 Person Contacted: Weijeei H.O.D. Endorsement:

Vehicle IN / ~~OUT~~

Date/Time	Action/Instruction (✓) Estimate
	SLS 5433J - x
	SHA 3056U - CS/FCI/7014005/Atbn2 DOA: 15/07/17
10/12/18	VNI Ref.
14/12/18	revised PA to Karen Tan via email.
1/4	$1192.32 Confirm

GIA / PR Seen: Consistent : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 7/11/18 D.O.I. 13/12/18

Survey held at

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
14/12	File pass to Catherine
	($ 1,787.44 Rear. 60%)
	follow insured d.o.a. 30/11/2018.

Date/Time, File Pass to? 01/04/19.

1) Typist

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($ 1,192.32 P/P)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:	110
Transportation:	50
S+RS SI	50
Photos	10
Others	
TOTAL	220