

ASS. REC. BY:

REF:

CS/FCI18022294/KVD3N

Special Instruction:

Surveyor:

CWS

Kenneth

ASSIGNMENT (Office)

From (Person):

Severe Ter

of

FCI

Date/Time: 3:58pm 11/12/2018

Estimated Cost:

Bill to:

OD/TP/WS/TP RES / OD RES / EVA / INV / MV7CS

To Inspect Vehicle No:

SMD 9138C

Insured:

SHD 3569R

at Workshop m/s

Lai Hwee (Meng Kee)

Tel:

G4538110

of

160 Sin Ming Drive # 04-02 / 07-03

Policy No:

Claim No:

D18008754 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 06/12/2018

CA / REV / REP. / REV 24 HRS

'DS'

19.12.2018

H.O.D. Endorsement:

Date/Time: 4:06pm 11/12/18

Person Contacted:

Jenny

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SMD 9138C - X

SHD 3569R - CS/FCI17609969 / M1vbm2

D.O.A. : 8/5/2017

12/12/18 -

Vehicle not in yet

20/12/18

Email preli revised to FCI

4/1/19

@ 335pm Jenny will email us finalised

Est. Repairs:

06

days

Res.: Yes or No

D.O.A.

8/12/18

D.O.I.

18/12/18

Lump Sum:

20

%

3 Val.: Yes or No

Survey held at

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

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

20/12

File sent to Catherine

28/12/19

@ 358pm Jenny will check

9/4 @ 11am LS \$2500 (Red 943.20, 279) Confirmed with Jenny

MV: \$14K(EST) LTA: \$8722 NV: \$5278

RECEIVED 8 APR 2019

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

4

1)

☐

Final Report

Resurvey No. of Trip:

-

Survey Fee:

130

Date/Time, File Return to?

Transportation:

50

2) 9/4 - typist

Add Fee:

☐

Site Insp (\$

) S + RS \$

13

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

) TOTAL

193

Report Format:

CWS

Lump Sum / I.B.E. (\$

2500/2