22/03/2002

ASS. REC. BY: | REF: CS/FCI18022426/Ktd322 | Special Instr

Surveyor: Kenneth CWS

ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 12:13pm@13/12/18

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLX 6900U Insured: SHC3708L

at Workshop m/s Hui Yung Motor Tel: 64515752

of Blk 176 Sin Ming Drive #04-02

Policy No: Claim No: D18008803MF8H

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 11/12/18

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

H.O.D. Endorsement:

Date/Time: 12.22pm@13/12/18 Person Contacted: Bel Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLS 6900U - X
	SHC3708L - CS/FCI16023197/M/qbv2 DOA: 3/12/16
	17/12/2018@3:37pm Revised. preli advise via email.
	Lump Sum $30,000/- , 14days (Rpd: 17451.50/36%)

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Survey held at D.O.A: 13/12/18

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

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

Date / Time	Action / Instruction
14/12	File pass to Catherine

RECEIVED 1 1 JAN 2019

Date/Time, File Pass to?

1) 11/1 Typist

Date/Time, File Return to?

2)

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 14

Resurvey No. of Trip: 2

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

Report Format : TP

Lump Sum / I.B.I: ($ 30,000/-)

Survey Fee:	37X15=555 / 170+555
Transportation:	50
S + RS SI	50+50
Photos	88
Others	180
	85
TOTAL	963