22/03/2002

ASS. REC. BY: | REF: CS/FCI/18022494/Kqd3n2 | Special Instruction:

Surveyor: Kenneth CWS

ASSIGNMENT (Office)

From (Person): Maychua of FCI Date/Time: 8:12am@14/12/18

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 5612R Insured: SHD 3060R

at Workshop m/s Trans-cab Tel: 6287 6666

of No. 2 AMK St. 63

Policy No: Claim No: D1806882 2MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 11/12/2018

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

H.O.D. Endorsement:

Date/Time: 8:20pm@14/12/18 Person Contacted: Cendy Vehicle (IN) / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC5612R-NA/INC9001339/01 DOA: 12/01/2019
	SHD3060R-CC3/AIG18005342/R/hb3q2 DOA: 18/03/2018
17/12/18@	2.30pm revised to May Chua by email.
	LISum 9200 (Rod No 79501.63, 76%)

Est. Repairs: 10 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS 'up' Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 11/12/18 D.O.I. 14/12/18

Survey held at

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

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

Date / Time	Action / Instruction
17/12	File pass to Catherine

Date/Time, File Pass to? 1) 18/1 [ ] : Preli. Report [ ] : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Date/Time, File Return to? 2)

Add Fee: [ ] : Site Insp ($) S + RS SI

[ ] : Interview ($) Photos

Report Format: TP [ ] : Tech Invs ($) Others

Lump Sum / I.D.I: ($ 9200) [ ] : Weekend ($)

350

TOTAL