22/03/2002

ASS. REC. BY: | REF: CS/FCL19000511/RIvbcz | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): CWS Sithara of FCL Date/Time: 09012019 4.29pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLH 1779X Insured: SHC 7721X

at Workshop m/s Kah Motor Tel:

of 255 Alexandra Rd.

Policy No: Claim No: D19D00300MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 08012019

CA / REV / REP. / REV 24 HRS 1wp

H.O.D. Endorsement:

Date/Time: 09012019 4.53pm Person Contacted: Jack Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate.
	SLH 1779X - X
	SHC 7721X - CS/FCL1802179J3/dj DOA: 30.11.2018
16/1/19	Email preli revised to FCI
13/2/19	Final fig $ 10,366.93 confirmed by email (Rcd 10,511.97, 50%)

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 1wp

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 08/01/19 D.O.I. 15/01/19

Survey held at KAH MOTOR

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
	Rasul, Pls see my remarks.

RECEIVED 13 FEB 2019

16/1

Date/Time, File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Date/Time, File Return to?

2) 13/2 - typist

Days Of Repair: 10

Resurvey No. of Trip: 1

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

Report Format : CWS

Lump Sum / I.B.I: ($ 10,366.93)

	10x15=150
Survey Fee:	170+150
Transportation	50
S + PS	50
Photos	65
TOTAL	451

05P 14/2/19