22/03/2003

ASS. REC. BY: Surveyor: Kenneth CWS

REF: CS/FCI 19002750/Kqd3 n2 Special Instruction:

ASSIGNMENT (Office)

From (Person): Sithara of FCI Date/Time: 3:58pm @ 14/2/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJB 8572J Insured: SHA 8012M

at Workshop m/s Insurance's Auto Tel: 90089959

of Blk 5038, AMK Ave 3 # 01-405 Ind. park 2

Policy No: Claim No: D19001007MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 24/01/2019

CA / REV / REP. / REV 24 HRS up H.O.D. Endorsement:

Date/Time: 10:12am @ 14/2/19 Person Contacted: Mr. Tan Vehicle: (IN) / OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SJB 8572J - NA/INC19001669/v3 DOA: 24/01/19
	SHA 8012M - NA/INC19001669/v3 DOA: 24/1/19
15/02/19 @	11.45am revised to Sithara by email
	LLfp 8850 email (Fxd $7580.91, 75%)

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS up

11/22

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. 14/1/19 D.O.I. 14/2/19

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

RECEIVED 26 FEB 2019

MV: $20K (EST) - LTA - $15,922 - Nett value = $4078.00.

Date/Time, File Pass to?

1) 26/2 [illegible] ☐ : Preli. Report ☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Survey Fee:	130
Transportation:	50
	50
Photos	11
Others	
TOTAL	241

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

Report Format: TP

Lump Sum / ~~I.B.I.~~ ($ 850)