

ASS. REC. BY: Manus | REF: es/FCS 19003270/Uqd3er | Special Instruction:
 Surveyor: CWS | ASSIGNMENT (Office)
 From (Person): Meina chia of FCS Date/Time: 12.52p m
 Estimated Cost: _____ Bill to: _____
 OD (TP) WS/TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: FBE 7162U Insured: SHA 88242
 at Workshop n/s: Erofia Motor Tel: 6752 7740
 of: 11caki Blet Ave 6 # 02-62
 Policy No: _____ Claim No: D19001274MFSH
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 26/01/2019
 (Client's Record) H.O.D. Endorsement: 22/2/19
 CA / REV / REP. / REV 24 HRS 1up
 Date/Time: 2:25pm 21/2/19 Person Contacted: Lee Lee Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	FBE 7162U-CS/INC 12000300/Utd1 DUA: 19/12/11
	SHA 88242-CC3/FCS 14018496/Kvm3d1 DUA: 5/6/14
<u>25/2/19 @ 10:05am</u>	<u>revised to Meina Chia by email.</u>

Est. Repairs: 4 days Res: Yes or No
 Lump Sum: 20 % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS 1up 9/9/2024 Vehicle: IN / OUT
 Date: _____ Person Contacted: _____
 D.O.A. 26/1/19 D.O.I. 22/2/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rt n/s, o/s body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time: 26/2/19 Action/Instruction
LTA 2477 5 yrs. full rest 3023
L/S @ 1500 confirmed with AM heavy
add to 3053.40, 61%
 MV: \$5500 (est)
 LTA: \$2477
 NV: \$3023
 RECEIVED 27 FEB 2019

Date/Time: File Pass to? Preli. Report
 Final Report
 Date/Time: File Return to? _____
 Days Of Repair: 4
 Resurvey No. of Trip: _____
 Add Fee: Site Insp (\$) Interview (\$) Tech Invs (\$) Weekend (\$)
 Report Format: TP
 Lump Sum / H.R. (\$): 500
 Survey Fee: 110
 Transportation: 50
 Other: 68
 TOTAL: 298