2/03/2002

ASS. REC. BY: | REF: CS FCI 19004097 | Ktcl3 | n2 Special Instruction:

Surveyor: KSC

ASSIGNMENT (Office)

From (Person): Karen (CWS) of _____ Date/Time: 5/3/19

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SKN 4HH1E Insured: SHA 4396G

at Workshop m/s Accord Auto Tel: 97H00999

of 10 AMK Autopoint #03-11

Policy No: _____ Claim No: D19001565 MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 1/3/19
(Client's Record)

CA / REV / REP. / REV 24 HRS wp 6/3/19

Date/Time: 6/3 @ 1029am Person Contacted: Jessy Vehicle (IN) / OUT

H.O.D. Endorsement: _____

Date/Time	Action/Instruction (✓) Estimate.
3/3@ 5.33pm	Revised via email preli advice.

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

Fum Sum: 2C % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS wp

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 1/3/19 D.O.I. 6/3/19 ✓

Survey held at _____

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

N/S Frt

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

Date / Time	Action / Instruction
	C/Lump $1150 email (Red: 2875.88; 71%)

RECEIVED 01 APR 2019

Date/Time, File Pass to? 4/3 Typist

Date/Time, File Return to?

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp ($) ☐ Interview ($) ☐ Tech Insp ($) ☐ Workshop ($)

Report Format: TP

Lump (Sum) / I.B.T.: 1150

Survey Fee	135
Transportation	50
	12
	197