

ASS. REC. BY:

REF: CS/FCI19004713/Dtd3m2 | Special Instruction:

Assigner: Bryen
UBS

ASSIGNMENT (Office)

From (Person): Meivina chia

of FCI

Date/Time: 14/2/19 4:19pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBF3751R

Insured:

SHB 2083S

at Workshop m/s

SG 98 MOTOR

Tel:

64524898

of

BLK #001 AMK Ind. park park 1 # 01-21

Policy No:

Claim No:

D1900175517F34

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10/3/2019

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Rose

Vehicle IN / OUT

Date/Time	Action/Instruction
	<u>Estimate (-)</u>

Lum Sum:

20 %

3 Val.: Yes or No

Survey held at

SG 98 Motor AMK

CA / REV / REP. / 24 HRS

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

Road

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	<u>First report SHB 2083S</u>
<u>30/07/19</u>	<u>Invoice 2/5 1400/- with 3 days 7 yr</u> <u>(red: 1302', 43%10)</u>

RECEIVED 01 AUG 2019

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

1) 30/7 Typist

Date/Time, File Return to?

2)

Add Fee:

- : Site Insp (\$)
- : Interview (\$)
- : Tech. Invs (\$)
- : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

130
50
50 + 50
58
338

Report Format :

TP

Lump Sum / I.B.I. (\$

1400/-)