ASS. REC. BY: | REF: CS/FCI1900626S/Utd3n2 | Special Instruction:

Surveyor: Marcus

ASSIGNMENT (Office)

CWS

From (Person): Eileen tee of FCI Date/Time: 9.49am@9/4/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLN9060B Insured: SHC 2958M

at Workshop m/s: Hock Wah Tel: 64415655

of: Blk 3011 Bedok north Ave 4

Policy No: Claim No: D1900234OMPSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 06/04/2019

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

Date/Time: 11:41am@9/4/19 Person Contacted: Anysia Vehicle: IN / OUT

Date/Time	Action/Instruction (—) Estimate
	SLN9060B-X
	SHC 2958M-X
10/4-	Revised preli advise via email

Est. Repairs: 4 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS LTA 64797 Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 5/4/19 D.O.I. 9/4/19

Survey held at

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

NS Rear

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

Date / Time	Action / Instruction
16/4/19	L/S @ 3350 confirmed with Anysia. (Red: 5001.81; 59%)

RECEIVED 16 APR 2019

date of accident put 6.4.2019. (check with denise)

Date/Time, File Pass to? 1) 16/4 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 3350)

Survey Fee:	160
Transportation:	50
___S + RS, ___SI	50
Photos	38
Others	
TOTAL	298