REF: CS/FCI19006371/RITd3e2

ASSIGNMENT (Office)

From (Person): CWS Henry Kao of: FCI Date/Time: 2.28pm @ 10/4/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YM 2191D Insured: SHB 4920M

at Workshop m/s: Sng Ah Tee Tel: 6268 6183

of: Blk 3 Pioneer Rd North #01-18

Policy No: Claim No: D1900216 7MPSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 27/03/2019

CA / REV / REP. / REV 24 HRS (DS)

Date/Time: 3.15pm @ 10/4/19 Person Contacted: Joyce D.O.D. Endorsement:

Vehicle: IN / OUT

Date/Time	Action/Instruction (—) Estimate
	YM 2191D - CCC/AXA 11019114/Uq/dg DOA: 17/9/2011
	SHB 4920M - CS/FCI18018946/Gvd3e2 DOA: 10/10/2018
	12.4.19 - Samantha - WL.
25/4 @ 3:34pm	- Revised preli advice via email.

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Survey held at Sng Ah Tee

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
	re-Confirm Part by Part #1612.90 (Rcd: 2934.15; 64%)
	MV: 21,000
	LTA: 7709
	NV: 13,291

RECEIVED 07 OCT 2019

Date/Time, File Pass to? 1) S/C Typist ☐: Preli. Report ☑: Final Report

Date/Time, File Return to? 2)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Report Format : TP

Lump Sum / I.B.I: ($ 1612.90)

Survey Fee:	135
Transportation:	50
S + RS, SI	50
Photos	38
Others	
TOTAL	273