ASS. REC. BY: | REF: CS3/FCI1900664S/Ecd3 | Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Serene Ter of FCI Date/Time: 6.28pm@12/4/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBA 2406X Insured: SHD 67497

at Workshop m/s MCS Auto Tel: G2969939

of 1100 Seangoon Rd

Policy No: Claim No: D1900218 3MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 26/03/2019

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

Date/Time: 10.19am@15/4/19 Person Contacted: Stephanie Vehicle IN / OUT

Date/Time	Action/Instruction (*X) Estimate
	FBA 2406X - X
	SHD 67497 - CS/FCI/6004670/Righ 3d1 DOA: 8/3/2016
	Dismantle: 16/4/2019
	After repair: 22/4/2019

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 26/3/19 D.O.I. 15/4/19 2.45pm

Survey held at MCS

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
	MV - 2000
	PV - 1214
	MV - 786

Date/Time. File Pass to?

1) ☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 2

Survey Fee:

Transportation

Date/Time. File Return to?

2)

Add Fee: ☐ : Site Insp ($) S.R.S. $

☐ : Interview ($) Photos

☐ : Tech Invs ($) Other

☐ : Weekend ($)

Report Format: PRS.

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

TOTAL