(08/11/) 22/03/2002

ASS. REC. BY: | REF: CS/FC1/9010609/0+d/3 n2 | Special Instruction:

CWS Surveyor: Marcus

ASSIGNMENT (Office)

check with marcus

From (Person): Hnny Kao of FC1 Date/Time: 14.6.2019 5.04p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMC 10x1M Insured: SHA 0400D

at Workshop m/s Fastech Auto Tel: 67465405

of 1 Kaki Bukit Ave 6 # 01-46

Policy No: Claim No: D19003894MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 12.6.2019

CA / REV / REP. / REV 24 HRS rmp

Date/Time: 14.6.19 5.32p.m Person Contacted: nancy H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate.
	SMC 10x1M - NA / INC 19010471 / h4 D.O.A - 12/06/2019
	SHA 0400D - x
	17/6@1:58pm- Pending estimate via email.

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 12/6/19 D.O.I. ~~13~~/6/19 14

Survey held at

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

O/S Body

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

Date / Time	Action / Instruction
22/7/19	A/S @ 4800 confirmed with Alan (Red: 8617.60 : 64%)

RECEIVED 23 JUL 2019

Date/Time, File Pass to?

1) 23/7 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Report Format : TP

Lump Sum / I.B.I: ($ 4800/-)

Days Of Repair: 4

Resurvey No. of Trip: 2

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

3x15=45

Survey Fee:	170+45
Transportation:	50
___S+RS,___SI	50 50
Photos	81
Others	
TOTAL	446