22/03/2005

ASS. REC. BY: | REF: CS/FCI1901207 1/R1Vf3n2 | Special Instruction:

Surveyor: Rasul

CWS

ASSIGNMENT (Office)

From (Person): Henry Kao of FCI Date/Time: 8:38am @ 9/7/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLL9404D Insured: SHC0117L

at Workshop m/s Cycle & Carriage Tel: 9144 9137

of 209 Pandan Gardens

Policy No: Claim No: D1900 4435MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A 05/07/2019

CA / REV / REP. / REV 24 HRS 1wp

Date/Time: 10:09am @ 9/7/19 Person Contacted: Andre Vehicle IN / OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction Estimate (✓)
	SHC 0117L : CS/FCI1700 2542/T1vbn2 D.O.A: 06/02/2017
	SLL 9404D : X
17/7/19	Email preli revised to FCI
26/8/19	@ 2:51pm Andre said vehicle under repair
13/9/19	@ 2:49pm Andre said vehicle just realase

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. 05/07/19 D.O.I. 06/07/19

Survey held at C&C (PG)

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
20/9/19	Final fig $ 6104 confirmed by email (Red 4044, 4045

RECEIVED 20 SEP 2019

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

Date/Time, File Return to? 2) 20/9 – typist

Days Of Repair: 7

Resurvey No. of Trip: –

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

Report Format : CWS

Lump Sum / I.B.I: ($ 6104)

Survey Fee:	170
Transportation:	50
S + RS, SI	
Photos	44
Others	
TOTAL	264