ASS. REC. BY:

Surveyor: Steve

REF: CS/FCI19012996/E+d302

Special Instruction:

ASSIGNMENT (Office)

From (Person): CWS Eileen Lee of PEI Date/Time: 229pm @ 23/7/19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLU1900T Insured: SHC 8588H

at Workshop m/s Carz Auto Services Tel: 83227418

of No-61 woodlands Ind. Park E9 #04-04

Policy No: Claim No: D190047591MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 19/7/2019

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

Date/Time: 2.40pm @ 23/7/19 Person Contacted: Jerylyn Vehicle (IN) / OUT

Date/Time	Action/Instruction Estimate (✓)
	SLU 1900T NA/AIG/8012674/h4 DOA = 4/7/18
	SHC 8588H CC3/FCI16013387/Kvbn2 DOA 18/7/16
	Finalize lump sum $15,350/- (Req: 15757.93; 50%)

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. / / D.O.I. / /

Survey held at Carz Auto

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- 83,000 PV- 50,054 NV- 32,946

RECEIVED 15 AUG 2019

Date/Time, File Pass to? [ ] : Prell. Report

1) 14/8 Typist [✓] : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 9

Resurvey No. of Trip: 2

Add Fee: [ ] Site Insp ($)

[ ] Interview ($)

[ ] Tech Invs ($)

[ ] Weekend ($)

Report Format : TP

Lump (Sum) / I.B.I. ($ 15,350/-)

21x15=315

Survey Fee:	170+315
Transportation	50
( ) S + B ( ) SI	50+50
( ) Photos (588)	225
( ) Other	
( ) 0SP	
Total 19/8/19	860