

22/5/2002

ASS. REC. BY

REP:

CS/FCI/19013623/Ksd302

Special Instruction

Surveyor: Kenneth

CWS

ASSIGNMENT (Office)

From (Person): Serene Lee

of

FCI

Date/Time: 9am @ 5/8/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFR 3303R

Insured:

SHC 8679D

at Workshop m/s

MBM Wheelpower

Tel:

86663188

of

160 8th Ming Drive #06-02

Policy No:

Claim No:

D19004945MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/07/2019

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 9:25am @ 5/8/19

Person Contacted:

Cassandra

Vehicle IN/OUT

Date/Time

Action/Instruction

Revised /

SFR 3303R - X

SHC 8679D - NS/INC 11014257/H/vn

DOA: 17/7/2011

6/8/19

Email preli revised to FCI

4/12 6/12 & 9/100 email Confirm

(S \$ 27,354.88 - Red - 75%)

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

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

O/S Rear

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

Date / Time

Action / Instruction

File pass to

MV - \$ 198,000/-

LTA - \$ 85,566/-

Nett = \$ 112,434.00

RECEIVED 16 DEC 2019

Date/Time, File Pass to?

16/12/19

1)

Typ: 4

Date/Time, File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

26x15=390

170+390

50

50+50

21

731

Report Format:

Lump Sum / I.B.I. (\$

9,100/- 45

580
20/12/18