22/03/2002

ASS. REC. BY: | REF: CS3/FC1/9016006/HCP352 | Special Instruction:

(CWS)

Surveyor : Hock Am

ASSIGNMENT (Office)

19

From (Person): Marina Chia San San of FC1 Date/Time: 10.9.18 12.28 p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJT 1768M Insured: SHC 7857M

at Workshop m/s My Car Consultant Tel: 98686000

of 53 Ubi Ave 1 #01-33

Policy No: Claim No: D1900580S MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 5.9.2019

CA / REV / REP. / REV 24 HRS

Date/Time: 10.9.19 1.12p.m Person Contacted: Kai Ling H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SHC 7857M : NA/III9015850/24 D.O.A: 05/09/2019
	SJT 1768M : NA/III9015850/24 D.O.A : 05/09/2019
	After paint : 13/9/2019

GIA / PR Seen: Consistent: . . .

Est. Repairs: 3 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. 5/9/2019 D.O.I. 10/9/19 3.10pm

Survey held at My car consultant

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
	* Remarks: This case NOW Estimate (PRS) case
	MV - 62300
	PV - 45876
	NV - 16400
	MV — 61-62

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : PRS.

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

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL