22/P 102

A.S. REC. BY: | REF: CS/FCI 19016532/ RIVF3 | Special Instruction: N2

(CWS)

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person): Jason Toa chee kiat of FCI Date/Time: 18.9.19 4.20p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGP 4798M Insured: SHC 8278C

at Workshop m/s TC Auto clinic Tel: 96450023

of 25 Leng kee Road

Policy No: Claim No: D19005998MPSH

Sum Insured: Excess:

Make of Veh: D.O.A. 15.9.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 19.9.19 10.15a.m Person Contacted: Shawn H.O.D. Endorsement: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGP 4798M - CC7/AIG 120164471 cpb3p1 DOA-23/08/2019
	SHC 8278C - CS/FCI 160135141 vgbd1 DOA- 13/06/2016
23/9/19	Email preli revised to FCI
3/10/19	Final fig $2257.36 confirmed by email (Red 3074.84, 48%)

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. 15/09/19 D.O.I. 23/09/19

Survey held at TC AUTO CLINIC

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

RECEIVED 03 OCT 2019

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

1)

Date/Time, File Return to?

2) 3/10 – typist

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Report Format : CWS

Lump Sum / I.B.I: $ P/P $2257.36

Survey Fee:	135
Transportation:	50
S + PS SI	50
Photos	26
Others	
TOTAL	261