22/03/2002

ASS. REC. BY: | REF: CS/ FCI 19016840 / Kt f3 | Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person): Sithora of FCI Date/Time: 24.9.19 4.24pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKE 7380A Insured: SHC 7142S

at Workshop m/s Ah lim motor Tel: 64563637

of 171 Sin ming Drive #05-12

Policy No: Claim No: D1900 5806 MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 2.9.2019

4.10.2019

CA / REV / REP. / REV 24 HRS "np"

H.O.D. Endorsement:

Date/Time: 24.9.19 4.38pm Person Contacted: Mei Li Vehicle IN / (OUT)

Date/Time	Action/Instruction (✓) Estimate
	SKE 7380A - ×
	SHC 7142S - CC3/ FCI 14010639 / Krm 3 c 2 D.O.A - 14/07/2014
9/10 @ 11:20am -	Sent email via preli advise.

D.O.A. D.O.I.

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1-B / % 3 Val.: Yes or No

"np"

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted:

Survey held at

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

Q /S body

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

Date / Time	Action / Instruction
	submit preli report.
	vehicle not sent in for repair, stillpending appointment

Date/Time, File Pass to? ☑ Preli. Report

1) 22/5/2020 ☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. ( )

ASS. REC. BY: | REF: FCL

ASSIGNMENT

From: | Date: 7.10.2019

Estimated Cost:

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

To Inspect Vehicle No: SKE 7380A

at Workshop m/s Ah Lim motor

of 176 Sin ming Drive #05-12

Insured:

Policy No.

Claims No.

Sum Insured: | Excess:

(Client's Record)

Make of Veh: 10 am owner waiting

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 850k

IDAC Accident Rport: | Consistent? : Yes or No

GIA / PR Seen: | Consistent? : Yes or No

Est. Repairs: 03 days | Res.: Yes or No

Lum Sum: 1-B.1 % | 3 Val.: Yes or No "up"

CA / REV / REP. / 24 HRS | Vehicle: IN / OUT

Date: | Person Contacted:

Veh No: SKE 7380A | Yr Regn: 03 12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Merc A/C 180 | c.c 1796

Colour M.P. White | A/C: Insured / Std / NI / NA

Sp.Reading 153290 | T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD 2043492F 839001

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	2/9/19	D.O.I.	7/10/19

Survey held at

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

O/S body

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

Date / Time	Action / Instruction

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation: S + RS SI

Photos

Others

TOTAL

Rep Format :

Lump Sum / I.B.I. / :