

ASS. REC. BY:

REF: CS4/FCI20008373/Nvf3

Special Instruction:

Surveyor: NAZ ASSIGNMENT (Office)From (Person): SERENE LER of FCI Date/Time: 13/8/2020 10:22 AM

Estimated Cost: _____ Bill to: _____

☒ OD TP WS TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHC 3097R Insured: _____at Workshop m/s COMFORTDELGRO Tel: 62148315of 59 Loyang DrivePolicy No: _____ Claim No: D20003185MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 13-8-20 10.43A.M Person Contacted: JUMANI Vehicle ☒ IN OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SHC 3097R- NA/INC20008350/z4</u> DOA : <u>10/08/2020</u>
<u>18/8/20</u>	<u>Email preli revised to Serene, vehicle recommended Total Loss , pending investigation</u>
<u>19/8/20</u>	<u>Re-send preli revised with Book Value</u>
<u>26/8/20</u>	<u>Submit uneconomical T/L- BV:\$26,418.15 LTA:\$19,237 NV: 7181.15</u>