

ASS. REC. BY:

REF: CS/FCI20010190/T1vf3

Special Instruction:

Surveyor: TAUFIKH ASSIGNMENT (Office)From (Person): MERINE CHIA of FCI Date/Time: 23/9/2020 8:26 AM

Estimated Cost: _____ Bill to: _____

OD: ☒ IP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: NCA 8444 Insured: SHC 7293Pat Workshop m/s Karz Works Pte Ltd Tel: 68442475of 53 UBI AVE 1 #02-24 PAYA UBI INDUSTRIAL PARKPolicy No: _____ Claim No: D20003614MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04-09-2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP" H.O.D. Endorsement: _____

Date/Time: 23-9-20 9.37A.M Person Contacted: DARREN Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (☒) Estimate
	NCA 8444- ☒
	SHC 7293P- ☒
26/11/20	LS \$800 confirmed by email (Red 3200.50, 80%)
26/11/20	Email preli revised to FCI