

ASS. REC. BY:

REF: CS1/FCI22003979/Dea3e2

Special Instruction:

SURVEYOR

ASSIGNMENT (Office)

From (Person): VIC SANGHILAN

MS-FCI

Date/Time: 14/04/2022

Estimated Cost:

Bill to:

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

EVA

INV / MY / CS

To Inspect Vehicle No:

TRD 3409B

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

D17003682MFVS/EL

Sum Insured:

Excess:

Make of Veh:
(Client's Record

D.O.A. 23/02/2017

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction ()	Estimate
1. <u>Identify the problem</u>	
2. <u>Identify the cause</u>	
3. <u>Identify the effect</u>	
4. <u>Identify the solution</u>	
5. <u>Identify the action</u>	
6. <u>Identify the result</u>	
7. <u>Identify the feedback</u>	
8. <u>Identify the evaluation</u>	
9. <u>Identify the conclusion</u>	
10. <u>Identify the recommendation</u>	

Estimate

TRD 3409B - X