

ASS. REC. BY:

REF: CS/SM017023431/Dvb02

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Grace Teo

of

SMO

Date/Time: 11-12-2017 10:18am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJI 5669G *

Insured:

SGG 3535J

at Workshop m/s

Teamwork

Tel:

6844 2475

of

53 Ubi Ave 1 # 01-24

Policy No:

Claim No:

CMTD1704428 / NSW

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06-12-2017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time: 11-12-2017 11:30am

Person Contacted:

Chris

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SJI 5669G - NA/INC17023275 / KH

DCA: 06/12/17

SGG 3535J - X

20/12/17

Email preli revised to Grace Teo

Est. Repairs: 5 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

D.O.A. 06/12/2017

D.O.I. 11/12/2017

Survey held at

Teamwork Pys Ubi

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

Rear

The U/O / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Sampo SGG 3535J

MV 161C

LTA 10.81C

HL 5.2K

RECEIVED 22 JAN 2019

21/01/2018 Finance L/S 3550/- with 5 days of rev (Red 5333.00, 6014)

Date/Time File Pass to?

☐

Preli. Report

☐

Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee

Transportation

1st - 2nd

Photos

Direct

Date/Time File Return to?

21/11- typist

Add Fee:

☐

Site Insp

☐

Interview

☐

Tech. Insp

☐

Weekend

Report Format:

TP

Lump Sum / L.B.I.:

3550/2

250