22/03/2002

ASS. REC. BY: Surveyor : Marcus | REF: CS/GAI1800401 8/Urd3 n7 | Special Instruction:

ASSIGNMENT (Office)

From (Person): Kelvyna Ngian of GAI Date/Time: 2/3/18@9:53am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBE 6397R Insured: SJX7787Y

at Workshop m/s Liu's Brother Tel: 67411730

of No.1, Kaki Bkt Ave 6 # 01-01

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 13/02/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS wp

H.O.D. Endorsement:

Date/Time: 10.12am@2/3/18 Person Contacted: Susan Vehicle (IN) / OUT

Date/Time	Action/Instruction
	( ) Estimate
	GBE6397R - X
	SJX7787Y - CS/TMI/3007340/Run D.O.A: 13/1/13
	Sent preli thru email

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. 13/2/18 D.O.I. 2/3/18

Survey held at

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

Rear

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

Date / Time	Action / Instruction
	21A 15SH
21/3/18	Confirmed 2/S @ 6300 with Susan,
	Rcd: $11229.00, 641.

RECEIVED 22 MAR 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp ($) ___S + RS, ___SI

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others /

☐ : Weekend ($)

Report Format : TP

Lump Sum / I.B.I: ($ 6300)

TOTAL 450