22/03/2002

ASS. REC. BY: | REP: CS/FCI/8013055/ RVd3 n2 | Special Instruction:

Surveyor: CWS Raswl

ASSIGNMENT (Office)

From (Person): Eileen Lee of FCI Date/Time: 18/7/18 @ 2.07pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKS9728Y Insured: SH 6418 Y

at Workshop m/s Wearnes Automotive Tel: 81261237 / 63789336

of 249 Alexandra Rd

Policy No: Claim No: D18005475 MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 16/07/2018

CA / REV / REP. / REV 24 HRS (DS)

H.O.D. Endorsement:

Date/Time: 2.24pm @ 18/7/18 Person Contacted: paul Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKS9728Y - NBA / MSG / 1702287 / Y DOA: 7/11/2017
	SH 6418 Y - CS / FCI / 1801107 5 / Vsd3 DOA: 01/05/2018
6/8/18	Email preli revised to FCI
4/9/18	@ .41pm Paul will email us finalised
6/9/18	Final fig $16,555.67 confirmed by email (Red 13,380.33, 45%)

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

L/Bdl: mm L/Bdl: mm

D.O.A. 16/07/18 D.O.I. 02/08/18

Survey held at WEARNES

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

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

Date / Time	Action / Instruction

RECEIVED 06 SEP 2018

Date/Time. File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Date/Time. File Return to? 2) dg - typist

Add Fee: ☐ Site Insp ($ ☐ Interview ($ ☐ Tech. Invs ($ ☐ Weekend ($

Report Format : CWS

Lump Sum / I.B.I: ($ 16,555.67

19x15 = 285

Survey Fee	170 + 285
Transportation	50
	50
	58
	580
	058
6/9/18	613