22/03/2002

ASS. REC. BY: | REF: CS/AGI 19010483/Eyd3 02 | Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Ivy Ratilla of AGI Date/Time: 12/6/19 @ 4.21pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLV 8467 Insured: SDV 6203D

at Workshop in/s Teamwork Garage Tel: 68442475.

of 53 Ubi Ave 1 #01-24

Policy No: Claim No: C10003263/JW

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 11/06/2019

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

Date/Time: 11:38am@13/6/19 Person Contacted: Shushen Vehicle IN / OUT

Date/Time	Action/Instruction
13/6/19-	Darren call back ask to arrange on tomorrow as his Boss wants steve to survey.
	SLV 8467 - NA/PWD19010249/24 DOA: 11/6/2019
	SDV 6203D - NA/PWD19010249/24 DOA: 11/6/2019

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 11/6/19 D.O.I. 14/6/19

Survey held at

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
	Cannot print GIA report
6/2/20	Finalize $6100, 6 days (Darren) cancel to 14634.43, 71%)

RECEIVED 0 6 FEB 2020

Date/Time, File Pass to? 1) 06/2 finalize ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2)

Days Of Repair: 6

Resurvey No. of Trip: 2

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

Report Format : TP

Lump Sum / LPI : ($ 6100)

Survey Fee:	
Transportation:	
___S+RS, ___SI	
Photos	
Others	450
TOTAL	