22/03/2002

ISS. / REC. BY: | REF: CS/MSG/7017278/TJ/bn2 | Special Instruction:

Surveyor/ mummen: Taufik

ASSIGNMENT (Office)

From (Person): Monica Chung of MSIG Date/Time: 06092017 1005am

Estimated Cost: ______ Bill to: ______

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS (TP circled)

To Inspect Vehicle No: SDU 3331 S Insured: SCQ 8078Z

at Workshop m/s Weannes Tel: 9295 1331

of 45 Leng Kee Rd

Policy No: BJ78309146SMP Claim No: 526423

Sum Insured: ______ Excess: ______

Make of Veh: (Client's Record) ______ D.O.A. 11082017

CA / REV / REP. / REV 24 HRS 'WP' 06092017 @ 11am OW H.O.D. Endorsement: ______

Date/Time: 06092017 1033am Person Contacted: Chan Vehicle IN / OUT (OUT circled)

Date/Time	Action/Instruction
	(✓) Estimate
	SDU 3331 S – x
	SCQ 8078Z – x
	Part by Part $6634.85+ (Red: 3373.25 : 33%)

Est. Repairs: ______ days Res.: **Yes** or **No**

Lum Sum: ______ % 3 Val.: **Yes** or **No**

CA / REV / REP. / **24 HRS** 'WP'

Vehicle: **IN / OUT**

Date: ______ Person Contacted: Chan

D.O.A. ______ D.O.I. 6/9/17 @1120

Survey held at Weannes 45 Leng Kee Rd

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or (Rear circled)

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

Date / Time	Action / Instruction
	92951331

RECEIVED 2 0 APR 2018

Date/Time, File Pass to?

1) 2014 Typist

Date/Time, File Return to?

2)

☐ : **Preli. Report**

☑ : **Final Report**

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:	
Transportation:	300
__S + RS. __SI	10
Photos	
Others	
TOTAL	310

Report Format : TP

Lump Sum / I.B.: ($ 6634.85) (B circled)