

ASS. REC. BY:

REF: CS/MSG17019032/R1rb12

Special Instruction:

SURVIVOR

Meimen

Rasu

ASSIGNMENT (Office)

From (Person):

Pecirlyn Kang

of

MSIG

Date/Time: 4/10/17 9:56am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 1167D

Insured:

at Workshop m/s

Borneo Motors

Tel:

66311855

of

2 Pandan Crescent 128462

Policy No:

28867644 QMY

Claim No:

531588

Sum Insured:

Excess:

\$ 500.00

Make of Veh:

(Client's Record)

D.O.A. 1/10/17

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time:

4/10/17 10:08am

Person Contacted:

Shashi

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SKZ 1167D - X

05/10/17

Sent preli through meimen

mandate approve ; Inform Shashi authorize repair & excess

Siti

GIA / PR SEEN.

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:

D.O.A.

6/10/17

D.O.I.

6/10/17

Survey held at

BORNEO MOTORS

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

Final Sig \$10,123.04 (Red 3864.91, 37%)

RECEIVED 14 DEC 2017

Date/Time. File Pass to?



: Preli. Report

1) typist



: Final Report

Date/Time. File Return to?

2)

Days Of Repair:

8

Resurvey No. of Trip:

-

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

300

10

310

TOTAL

Report Format :

OD

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

10,123.04