

ASS. REC BY:

REF: CS/MSG17022050/Tlvb12

SUN/2017

Tauflich

ASSIGNMENT (Office)

Merimen

From (Person):

Elaine Ngu

of

MSIG

Date/Time

20/11/17 @ 11:06 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBL4389R

Insured:

YN9290A

at Workshop m/s

A.S. Phoon

Tel:

65156770

of Blk 36 Toh Guan Rd East, #01-35, 608680

Policy No: 28866967 MKF

Claim No:

537140

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 13/11/2017

CA / REV / REP. / REV 24 HRS

lwp'

H.O.D. Endorsement:

Date/Time: 11:21 am @ 20/11/17

Person Contacted:

Kee

Vehicle: IN / OUT

Date/Time

Action/Instruction (✓) Estimate

FBL4389R - x

YN9290A - x

21/11/17

Send preli revised by merimen

8/2/18

Final fig \$2124.10 confirmed by email (Ref 1618.90, 4370)

Est. Repairs:

days

Res: Yes or No

D.O.A.

D.O.I.

20/11/17

Lump Sum:

%

3 Val: Yes or No

Survey held at

AS Phoon

CA / REV / REP. / 24 HRS

(lwp)

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

RECEIVED 08 FEB 2018

Date/Time: File Pass to?

☐

Preli. Report

Days Of Repair:

5

1)

☐

Final Report

Resurvey No. of Trip:

1

Survey Fee

Date/Time: File Return to?

Transportation

8/2 - typst

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech. Insp: \$

☐

Weekend: \$

Report Format:

merimen

Lump Sum / I.B.I. \$

2124.10

200

10

210