22/03/2002

ASS. REC. BY: | REF: CS/CTL17023336 /MIVB5 | Special Instruction:

Surveyor : Ma McInnes

ASSIGNMENT (Office)

From (Person): Chong Boon Sen of CTL Date/Time: 18122017 11.13am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGG 3938E Insured:

at Workshop m/s Chai Motor Tel:

of No 3 Jln Bertam 8 , Taman Daya , 81100 JB

Policy No: DMPCSN 17471791700 Claim No: SNM17D06995C01

Sum Insured: Excess: 40

Make of Veh: D.O.A. 05122017
(Client's Record)

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

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SGG 3938E - x
11/12/17	Revert by merimen
14/12/17	Rece approved $8700 from Susan by merimen
14/12/17	Informed Chai motor c/A on LS $8700 by email
16/1/18	LS $8700 confirmed by email (Red 8242, 4889)

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. D.O.I. 4/12/2017

Survey held at

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

NS Body. / OS Body / FRONT / REAR.

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

Date / Time	Action / Instruction
	SPARE 61,687

RECEIVED 17 JAN 2018

6x18=90

170+90=260

260x20%=52

260+52=312

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

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee: 312

Date/Time. File Return to? 2) 16/1 - typist

Transportation

Add Fee: ☐ Site Insp ($) ___$ + RS___SI

☐ Interview ($) Photos 60

☐ Tech. Invs ($) Others

☐ Weekend ($) 372+380

TOTAL 752

Report Format : merimen

Lump Sum / I.B.I: ($ 8700/=)