22/03/2002

ASS. REC. BY: Surveyor: MA Merimen

REF: CS3/MSG17023810/M1b ez

Special Instruction: range

ASSIGNMENT (Office)

From (Person): Monica Chung of MSIG Date/Time: 14/12/17 @ 4.48pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGA 890J Insured: GBA 5698A

at Workshop m/s Guan Auto Services Tel: 9388 4210

of Blk 7 Sin Ming Ind Est. Sect. C #01-82

Policy No: 2900638SMKC Claim No: 540745

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 11/12/2017

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

Date/Time: 9.19am @ 15/12/17 Person Contacted: Jacky Vehicle (IN) OUT

H.O.D. Endorsement:

Date/Time	Action/Instruction
	(X) Estimate
	SGA890J - CC3/CTI16022296/Uua3n2 D.O.A: 21/11/2016
	GBA 5698A - x
	After Repair - 18/12/2017

100218 1237pm Email to Monica Chung thru Merimen.

Est. Repairs: days	Res.: Yes or No	D.O.A. 11/12/2017	D.O.I. 15/12/2017 (10am)
Lum Sum: %	3 Val.: Yes or No	Survey held at — / —	

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

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

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

Date / Time	Action / Instruction
	NO ESTIMATE UPON SURVEY
	$500 — 800/2 3W days

RECEIVED 12 FEB 2018

Date/Time, File Pass to? [ ] : Preli. Report [ ] : Final Report

1) 10.02.2018

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Report Format : PRS

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

Survey Fee:	180
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	180