

ASS. REC. BY:

REF: CS/MSG17023941/Kvd3n2 Special Instruction:

Surveyor: Kenneth Menmen

ASSIGNMENT (Office)

From (Person): Jasmine Lok of MSIGDate/Time: 18/12/17 @

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGD 4475 HInsured: SLF 4024 Gat Workshop m/s Accord AutoTel: 9740 0999of 10 AMK Ind. Prk 2A #03-11Policy No: MSD/VPCP/17-001828-00Claim No: MSC/V/17-001932

Sum Insured: _____

Excess: _____

Make of Veh:
(Client's Record)D.O.A. 14/12/2017

CA / REV / REP. / REV 24 HRS

'wp'

H.O.D. Endorsement:

Date/Time: 2:09pm @18/12/17Person Contacted: JessyVehicle: IN/OUT

Date/Time Action/Instruction (✓) Estimate

SGD 4475 H-X

SLF 4024 G-X

27/12/17 Send preli revised by merimen

11/1 L1 Lnp 8115d enal & confirm (Red 1993.42, 63/2)

Est. Repairs: 04 days Res.: Yes or NoD.O.A. 14/12/17D.O.I. 22/12/17Lump Sum: 20 % 3 Val.: Yes or NoSurvey held at ✓

CA / REV / REP. / 24 HRS 'wp'

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

Vehicle: IN / OUT

N/S/S

Date: _____ Person Contacted: _____

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

Date / Time Action / Instruction

26/12 File pass to Carman

RECEIVED 11 JAN 2018

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 4

1)

☐

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Date/Time, File Return to?

2) 11/1 - typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: merimenLump Sum / I.B.I. (\$) 1150/-

200

10

210