ASS. REC. BY: | REF: CS/MSG18000822/Kvd3m2 | Special Instructions:

ASSIGNMENT (Office)

From (Person): merimen Kenneth, Monica Chung of: MSIG Date/Time: 15/01/2018 @10:39am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJH 4215K Insured: SJS 3788Y

at Workshop m/s: V8 Motor Werkz Tel: 88181666

of: Blk 9 #01-44 Sin Ming Ind. Est. Ste. C

Policy No: 80221537SMP Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A: 10/01/2018

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

Date/Time: 10.55am @15/1/18 Person Contacted: Ah Qiang Vehicle: IN / OUT

Date/Time	Action/Instruction
	SJH 4215K - NA / MSG18000697/24 D.O.A: 10/01/2018
	SJS 3788Y - NA / MSG18000697/24 D.O.A: 10/01/2018

16/1/18 Informed Monica pending workshop est by merimen

9/2 LI Lyn 8.2050 Confirm by email (Red 2060, 50%)

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Survey held at

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

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

Date / Time	Action / Instruction
1/	File pass to Corinne, est not ready
12/2/18	Send preli revised by merimen
13/2	check with Kenneth days of repair 4

12/2/2018

RECEIVED 12 FEB 2018

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 12/2 - typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ Tech. Invs ($)

☐ Weekend ($)

Report Format : merimen

Lump Sum / I.B.I: ($ 2050/2)

Survey Fee:	
Transportation:	
___$ + RS___SI	200
Photos	10
Others	
TOTAL	210