

Surveyor:

Menmen

ASSIGNMENT (Office)

From (Person): Christina Wong

of

MSG

Date/Time: 19/01/2018 @ 1:51pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SKR 5199C

Insured: SJD 6287K

at Workshop m/s Trans Eurokars

Tel: 6395 8899 / 9127 7928

of No. 5 Ubi close, 408605

Policy No: P27469925DMV

Claim No: 546159

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 06/01/2018

22/01/2018 @ 1pm owner

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

H.O.D. Endorsement:

Date/Time: 3:22pm @ 19/01/18

Person Contacted:

Ronald

Vehicle: IN (OUT)

Date/Time	Action/Instruction (✓) Estimate
	SKR 5199C - X
	SJD 6287K - NBA / MSG18000667/Y
	D.O.A: 06/01/2018
23/1/18	Send preli revised by menmen
16/3/18	@ 5:05pm Ronald said vehicle has not send in for repair
9/4/18	@ 3:27pm Ronald said vehicle will send in on 10/4/18

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A.

D.O.I.

22-01-18

Survey held at

w/s

4pm

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

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

Date / Time Action / Instruction

27/4/18 Final fig \$ 2928.08 (Red 1860.80, 3890) confirmed by email

RECEIVED 27 APR 2018

Date/Time: File Pass to?

☐

: Preli. Report

Days Of Repair:

3

☐

: Final Report

Resurvey No. of Trip:

-

Survey Fee

Transportation

1.5 - R1 3

Photos

Other

TOTAL

200
10

310

Date/Time: File Return to?

27/4 - typist

Report Format:

menmen

Lump Sum / I.B.I. / S

2928.08

Add Fee:

☐

Site Insp / S

☐

Interview / S

☐

Tech. Insp / S

☐

Weekend / S