22/03/2002

ASS. REC. BY: | REF: CS/MSG1800179q/Uvd3 n2 | Special Instruction:

Surveyor: Marcus Merimen

ASSIGNMENT (Office)

From (Person): Irene Tan of MSIG Date/Time: 30/1/18 @ 12.00pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLN1609Y Insured: SGF 225D

at Workshop m/s Trans Eurokars Tel: 6395 7877

of 5 Ubi close, 408605

Policy No: 80415334AVW Claim No: 545088

Sum Insured: Excess:

Make of Veh: D.O.A. 21/12/2017
(Client's Record)

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

Date/Time: 12.25pm @ 30/1/18 Person Contacted: Vion Vehicle IN / OUT H.O.D. Endorsement:

Date/Time	Action/Instruction (✓) Estimate
	SLN1609Y - x
	SGF 225D - x
11/04/18	@ 14:10 p.m. revised to Irene Tan Gek Ing via merimen.

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: I.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

D.O.A. 21/12/18 D.O.I. 10/4/18

Survey held at

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

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

Date / Time	Action / Instruction
14/5/18	confirmed final fig $2873.10 with Catherine. (Red 3599.09, 55%) COR Ben

14/05/18

RECEIVED 14 MAY 2018

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

Date/Time, File Return to? 2) 14/5 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Report Format : merimen

Lump Sum / I.B.I: ($ 2873.10)

Survey Fee:	200
Transportation:	10
___S ÷ RS, ___SI	
Photos	
Others	
TOTAL	210