22/03/2002

ASS. REC. BY: | REF: CS/MSG18003291/TTrb A2 | Special Instruction:

Surveyor : Taufikh Merimen

ASSIGNMENT (Office)

From (Person): Pearllyn Kang of MSIG Date/Time: 21/2/18

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKX7997X Insured:

at Workshop m/s Borneo Motor Tel: 66311857

of 2 Pandan Crescent

Policy No: 2905464447AT2 Claim No: 549040

Sum Insured: Excess: 500

Make of Veh: D.O.A. 4/2/18.
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 21/2/18 Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKX7997X-X
22/2/18	Sent preli thm merimen ; seek mandate
26/2/18	Inform repairer to proceed for repair.

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted: Sashi Vehicle: IN / OUT

D.O.A. D.O.I. 21/2/18 @ 3pm

Survey held at Borneo Pandan.

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

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

Date / Time	Action / Instruction
	Confirm $5455.15, 5 days Red: $640.06, 5%.

RECEIVED 23 MAY 2018

Date/Time File Pass to?

1) typist

Date/Time File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation: 300

Add Fee: ☐ : Site Insp ($) $ - RS $

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

☐ : Weekend ($)

TOTAL 310

Report Format : OD

~~Lump Sum~~ / I.B.I: ($ 5455.15)