

ASS. REC. BY:

REF: CS/MSC 18003637 /Svbnz

Special Instruction:

Supervisor: Sebastian **ASSIGNMENT (Office)**

From (Person): Irene Tan of MSLA Date/Time: 26/02/2018 1:17pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKG 3215K Insured: SJR 8422A

at Workshop m/s Stuttgart Auto Tel: 6360 2445

of 12 Sungai Kadut Ave

Policy No: MSD/VCC/17-002461 Claim No: MSC/V/18-000033

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 04012018

CA / REV / REP. / REV 24 HRS w/p

H.O.D. Endorsement:

Date/Time: 26/2/18 1:45pm Person Contacted: Eva Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKG 3215K - X
	SJR 8422A - X
27/2/18	Send preli revised by merimen
22/3/18	Final fig \$ 5398.45 confirmed by email (Red 3591.91, 409)

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

L/Bal. 7 mm L/Bal. 4 mm

D.O.A. 4/1/18 D.O.I. 26/2/18

Survey held at Trans Eurocars

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time | Action/ Instruction

RECEIVED 29 MAR 2018

Date/Time, File Pass to? : Preli. Report

Days Of Repair: 4

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Date/Time, File Return to?

Transportation: 200

2) 29/3 - typist

Add Fee: : Site Insp (\$) S+RS...SI 10

: Interview (\$) Photos

: Tech. Invs (\$) Others

: Weekend (\$)

Report Format :

merimen

Lump Sum / I.B.I. (\$

P/P \$ 5398.45

TOTAL

210