

ASS. REC. BY:

REF:

CS/CTI18004093/kqdb

n2

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Angie Foo

of

CTI

Date/Time:

2/3/18 @ 4:27pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLW222

Insured:

SJF11662

at Workshop m/s

MBM wheel power

Tel:

6262 8888

of

160 Sing Ming Drive #06-02

Policy No:

mpc8N3019531700

Claim No:

SNM18D00897C02/6

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

13/02/2018

06/03/18 @ 10am

CA / REV / REP. / REV 24 HRS

lwp?

H.O.D. Endorsement:

Date/Time:

5:11pm @ 2/3/18

Person Contacted:

Denny

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLW222-X

SJF11662-X

61 Lp @ 470d email

Kenneth finalised LS \$5450 (Red \$10825.85, 67%/-)

Est. Repairs:

04 days

Res.: Yes or No

D.O.A.

13/2/18

D.O.I.

6/3/18

Lump Sum:

1.31 %

3 Val.: Yes or No

Survey held at:

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

7/3 All parts to Customer.

RECEIVED 23 NOV 2018

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Date/Time: File Return to?

Transportation

Add Fee:

☐ : Site Insp. \$
☐ : Interview \$
☐ : Tech. Insp. \$
☐ : Weekend \$

Report Format:

MER-TP

Lump Sum / I.R. \$

5450

220