

ASS. REC. BY:

REF: CG/MS618004462/Rlvbn2 Special Instruction:

Survivor: Rosul

ASSIGNMENT (Office)

From (Person): Eliza Ho

of

MSLH

Date/Time: 07/03/2018 4:50pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 5059R

Insured:

at Workshop m/s

Borneo Motor

Tel: 9201 3150

of

2 Pandan Crescent

Policy No: B28990449MXY

Claim No:

551592

Sum Insured:

Excess:

\$1500.00

Make of Veh:

(Client's Record)

D.O.A. 15/02/2018

CA / REV / REP. / REV 24 HRS

08/03/2018 @ after lunch.

H.O.D. Endorsement:

Date/Time: 07/03/2018 5:50pm

Person Contacted:

Raymond.

Vehicle IN/OUT

Date/Time Action/Instruction (✓) Estimate

SLV 5059R - X

9/3/18

Revert by merimen

9/3/18

Recd approved from Ming shao by merimen

9/3/18

Informed Raymond C/A ex \$1500 by email

16/3/18

Final fig \$3346.59 confirmed by email (Red 3981.60, 5490)

ID/AC ACCOUNT TYPE

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date:

Person Contacted:

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

15/02/18

D.O.I.

08/03/17

Survey held at

BORNEO MOTOR

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

0/3 FR

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

Date/Time Action/Instruction

RECEIVED 19 MAR 2018

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

163- typist

Report Format:

merimen

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

3346.59

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

\$ + RS. SI

☐

Interview (\$

Photos

☐

Tech. Insp (\$

Others

☐

Weekend (\$

TOTAL

200

10

210