

ASS. REC. BY:

REF:

C8/MSG18005114/T19d3m2

Special Instruction:

Surveyor
MeinmenTallik
Lionel Tan

ASSIGNMENT (Office)

From (Person):

of

MSIG

Date/Time:

19/3/18 @ 9:12am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLT 2696 G

Insured:

FBF-25214

at Workshop m/s

Weemes Automotive

Tel:

8126 1237

of

28 Leng Kee Road

Policy No:

MSD / VMT / 17-988248-WTT

Claim No:

MSC / v/18-000293

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/2/2018

CA / REV / REP. / REV 24 HRS

wup

20/3/18 @ 45 Leng Kee

H.O.D. Endorsement:

Date/Time:

11:08am @ 19/3/18

Person Contacted:

Paul

Vehicle IN / OUT

Date/Time

Action/Instruction

Estimate

SLT 2696 G -x

FBF 25214 -x

21/3/18 @ 4:40pm revised to Lionel Tan via Meinmen

01/5/18 @ 10:58am confirmed with Paul final fig \$1286, 3 days by email.

(Red \$100, 5%)

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

2/5/18 @ 140

Lum Sum:

%

3 Val.: Yes or No

Survey held at

Weemes

CA / REV / REP. / 24 HRS

wup

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

Frt w/s

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

RECEIVED 6 MAY 2018

Date/Time. File Pass to?

☐

Preli. Report

Days Of Repair:

3

1) 04/5/18

☐

Final Report

Resurvey No. of Trip:

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

TOTAL

200
10

210

Report Format:

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

MER-TP

1986

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$