22/03/2002

ASS. REC. BY: | REF: CS/MSG 18008466/TLrb n2 | Special Instruction:

Surveyor: Taufick ASSIGNMENT (Office)

From (Person): Pearllyn Kang of MSIG Date/Time: 08/05/18

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLS 6417A Insured:

at Workshop m/s Volkswagen Centre Tel:

of 247 Alexandra Road

Policy No: Claim No: OD/557203

Sum Insured: Excess: $ 500.00

Make of Veh: D.O.A. 3d/04/18
(Client's Record)

CA / (REV) / REP. / REV 24 HRS

Date/Time: Person Contacted: H.O.D. Endorsement:

Vehicle (IN) / OUT

Date/Time	Action/Instruction ( ) Estimate
10/5/18	Revert thru memmn ; seek mandate
11/5/18	Pearllyn authorise repair ; Called (Charmine) & email repairer authorise repair
	Confirm $6502.64 @ 7 days (ced: $5675.21 , 40%.)

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

D.O.A. D.O.I. 9/5/18

Survey held at VW Alexandra

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

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

Date / Time	Action / Instruction

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Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 7

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) Interview ($) Tech. Invs ($) Weekend ($)

Survey Fee: 200

Transportation: 10

Photos

Others

TOTAL >10

Report Format : OP

Lump Sum / I.B.I: ($ - 6502.64)