

ASS. REC. BY:

REF:

C8/ICS18008569/Aqb n2

Special Instruction:

Survivor

mermen

ASSIGNMENT (Office)

From (Person):

Claims

of

ICS

Date/Time:

09052018 2.06pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKV 6846R

Insured:

SGK 8514R

at Workshop m/s

Borneo Motor

Tel:

66311687

of

17 Ubi Road 4

Policy No:

Claim No:

0MPC18D0145H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

10042018

CA / REV / REP. / REV 24 HRS. 'DS'

14052018 @ after 830am

H.O.D. Endorsement:

Date/Time:

10052018 3.14pm

Person Contacted:

Sam

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SKV 6846R - X

SGK 8514R - X

12/11/18 @ 4.55pm confirmed with Sam final fig 65841.10, 4 days.
(Red 64279.65, 42%)

Est. Repairs:

4 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'DS'

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A.

D.O.I.

14/05/18

Survey held at

Borneo Motor (ubi)

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

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

Date / Time

Action / Instruction

TP ECICS.

RECEIVED 12 NOV 2018

Date/Time, File Pass to?

☐

Preli. Report

1) 12/11/18

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

MER-TP

Lump Sum / LB.I: (\$

5841.10

350
10

360