

ASS. REC. BY:

REP: CS/MSG/8013414/Tlv3/n2

Initial Instruction:

Survivor
merimen

Tauhik

ASSIGNMENT (Office)

From (Person):

Eliza Ho

of

MSG

Date/Time:

21/7/18 @ 10:09am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

3KL 7899J

Insured:

at Workshop m/s

Cycle & Carriage Industries
188 Pandan Loop

Tel: 91817717 @ 67714336

Policy No:

A28852939QMY

Claim No:

Sum Insured:

Excess:

\$700.00

Make of Veh:

(Client's Record)

D.O.A.

18/07/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:30am @ 21/7/18

Person Contacted:

ERIC

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓) Estimate

SKL 7899J - X

25/7/18

Revert via merimen

25/7/18

Rece approved from ming shao by merimen

25/7/18

Informed Eric clA ex \$700 by email

4/9/18

Final fig \$9392.95 (Red 6604.82, 419) confirmed by email

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

25/7/18 e/lan

Lum Sum:

%

3 Val.: Yes or No

Survey held at

C&C Pandan Loop

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN/OUT

ERIC.

Frt n/s, Frt o/s

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

Date / Time

Action / Instruction

RECEIVED 04 SEP 2018

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

5

1)

☐

: Final Report

Resurvey No. of Trip:

-

Date/Time, File Return to?

2)

4/9- typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

200

10

210

Report Format :

merimen

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

9392.95