

ASS. REC. BY:

REF: CS/AG18016426/ Vqd3/72 Special Instruction:

Survivor
Meinen

ASSIGNMENT (Office)

From (Person): Mrthooching of AG Date/Time: 10/09/18 @ 8:48am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJV 402P Insured: SLI 8886K

at Workshop m/s M-tech Motor Tel: 9753 4567

of BLK 9005 Tampines St-93 # 01-252

Policy No: 1700067719 Claim No: 766709819 SSG003

Sum Insured: Excess:

Make of Veh: D.O.A. 03/09/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS lwp

H.O.D. Endorsement:

Date/Time: 9:55am @ 10/9/18 Person Contacted: mrchan Vehicle: IN ☒ OUT

Date/Time	Action/Instruction (✓) Estimate
	SJV 402P - NA / FC 1000 413/s/ DOA: 19/01/2010
	SLI 8886K - x

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. 1-24 HRS lwp

Date: Person Contacted:

Vehicle: IN / OUT

D.O.A. 3/9/18

D.O.I. 12/9/18

Survey held at

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
17/9/18	LT A 11/108 anely Estimate.

17/9/18 4/5 @ 1100 confirmed with mr Chan.
(led to 530, 33%)

RECEIVED 10 SEP 2018

Date/Time, File Pass to?

☐

Preli. Report

1) 18/9 4/11/18

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Report Format: MER-TP

Lump Sum / I.B.I. (\$) 1100

Survey Fee:

Transportation:

S + RS SI

Photos

Others

TOTAL

250
20

270