

ASS. REC. BY:

REF:

CS/msh1801667 / Gsbm2

Special Instruction:

Surveyor:

Mummen

ASSIGNMENT (Office)

From (Person):

Elaine Ngu

of

msh

Date/Time:

12/09/2018 4:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKS 5165U

Insured:

SLC 8430G

at Workshop m/s

FDK Automobile

Tel:

8101 6895

of

39 Woodlands Close Mega #05-12

Policy No:

A28758058ANW

Claim No:

59952

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07/09/2018

CA / REV / REP. / REV 24 HRS wpi

17/09/2018

H.O.D. Endorsement:

Date/Time:

12/09/2018

454pm

Person Contacted:

Hazel

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SKS 5165U - X

SLC 8430G - X

19/09/18

@ 15.15 pm. revised IA to Elaine Ngu via mummen.

26/09/18

Confirmed P/P \$2,705.50 @ 5 days with XGA

(\$9,829.50 Red - 78%)

SIA / FD / UCH.

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A.

D.O.I.

17-09-18

Survey held at

w/s

12:30pm

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

Repair limit \$3500

RECEIVED 26 SEP 2018

Date/Time, File Pass to?

26/09/18

1)

Typist

Date/Time, File Return to?

2)

☐

Preli. Report

☒

Final Report

Days Of Repair:

5

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / I.B.I. (\$) 2,705.50 P/P

200
10

210