

ASS. REC. BY:

REF:

CS/MSG18018211 / Dvb s2

Special Instruction:

Survivor
Merimen

Byran.

ASSIGNMENT (Office)

From (Person):

Pauline Tham

of

MSLH

Date/Time:

08/10/18 10:12am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLU 5388

Insured:

SDT 9676M

at Workshop m/s

Optima Werkz

Tel:

6484 9919.

of

9A Serangom North Ave 5

Policy No:

28650224AVW

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

04/10/18

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement:

Date/Time:

08/10/18 11:18am

Person Contacted:

Lily

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLU 5388 - X

SDT 9676M - X

10/10/18

Send preli revised via merimen

GIA / PR Seen:

Est. Repairs:

10

days

Res.: Yes or No

Lum Sum:

717

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

D.O.A.

04/10/2018

D.O.I.

08/10/2018

Survey held at

Optima Serangom

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

Rear H/S

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

Date / Time

Action / Instruction

MSIG SDT 9676M

07/11/18 Jhuat 717 10,516.16 with 10 days of ✓ (Red 416472, 28/9)

RECEIVED 08 NOV 2018

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

10

1)

☐

: Final Report

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

Date/Time, File Return to?

2)

8/11 - typist

Add Fee:

☐

: Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

merimen

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

10,516.16

TOTAL

10

Jhuat
15/11/2018