

ASS. REC. BY:

REF: CS/MSG18018363/Dvd3n2

Special Instruction:

Surveyor:

Bryan

ASSIGNMENT (Office)

From (Person):

Pauline Thom

of

MSIG

Date/Time: 10/10/18 @ 10:02am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 3988U

Insured:

SJZ5216G

at Workshop m/s

800n Hock Motor

Tel:

65425119

of

Blk 10 Amk Ind. Park 2A # 01-05/06

Policy No: A29094094TMP

Claim No: 572485

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 06/10/2018

Insp: Chunni Motor (AMK)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time: 10:40am @ 10/10/18

Person Contacted:

Lynn

Vehicle IN/OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SHC 3988U-CC4/AXA17000132/H/wb3g2 DOA: 3/12/16
	SJZ 5216G-X
15/10/18	Send preli revised via merimen

Est. Repairs: 9 days

Repa: Yes or No

D.O.A. 06/10/2018

D.O.I. 10/10/2018

Lump Sum: 20 %

3 Val: Yes or No

Survey held at

Chunni AMK

CA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Pos. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop of

N/S Front y O/S Front

Date:

Person Contacted:

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

Date/Time	Action/Instruction
	MSIG SJZ 5216G
20/11/18	Invoice 2/5 126001- with 9 days 2 w (Red 7508.12, 379)

Date/Time, File Name to:



Preli. Report

Days Of Repair: 9

1)



Final Report

Re-survey No. of Trip: 2

Date/Time, File Name to:

2) 21/11 - typist

Add Fee:



Site Insp (\$)

Survey Fee:

200

Transportation:

10

G + Rd. 31

Phone

Camera

)

210

Report Format:

merimen

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

12,600k



Interview (\$)



Tech. Insp (\$)



Weekend (\$)