

ASS. REC. BY:

REF: es/MSG/18018644/Ncd31

Special Instruction:

Surveyor:

Nq2

ASSIGNMENT (Office)

From (Person):

Muhd Ashik

of

MSIGDate/Time: 12/10/18 @ 4:04pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC2284D

Insured:

XB 9069Z

at Workshop m/s

Connect 3

Tel:

9850 9666

of

566 woodlands Road

Policy No:

29013131MICC

Claim No:

572738

Sum Insured:

Excess:

Make of Veh:

D.O.A.

08/10/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup'

H.O.D. Endorsement:

Date/Time:

9:10am 15/10/18

Person Contacted:

WinnieVehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

PC2284D - CC6/AXA/4006417 / Any 3u2 DOR: 1/4/14XB 9069Z - CS/MSG/17021470 / Rfb52 DOR: 4/11/2017Revert thru meimen

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

L/Bal.

mm

D.O.A.

8/10/18

D.O.I.

15/10/18

Survey held at

CONNECT 3

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

O/S MIRROR

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

Date / Time

Action / Instruction

26/25.19pm Called Winnie on 1312 119. Said next work over coming in to MSIG PRELIS.repair bus. Booked appointment.Confirmed 12 \$1200f with Winnie. (Red. 570f, 322f)* Vehicle has not send in for repair.

Date/Time, File Pass to?

☐ : Preli: Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 1Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) S + RS. SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format: TPLump Sum / I.B.I: (\$ 1200f)

TOTAL

15010160