

ASS. REC. BY:

REF: CS/MSG/19009291/144 d3

Special Instruction:

Survivor:

ASSIGNMENT (Office)

From (Person): Monica Chung Pei zhen of MSGDate/Time: 27.5.19 16.20 p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJX 867XInsured: SFF 8080Mat Workshop m/s Polymath Garage

Tel: _____

of 10 Kaki Bukit Road 2, #01-21Policy No: MSB/VPCP/19-000050-CAClaim No: MSC/V/19-000574

Sum Insured: _____

Excess: _____

Make of Veh: _____

(Client's Record)

D.O.A. 21.5.201928.5.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 27.5.2019 4.50pmPerson Contacted: SebastianVehicle IN / OUT

Date/Time Action/Instruction (V) Estimate

SJX 867X - X

SFF 8080M - NA/MSG/14004961/m2

D.O.A. - 14/05/2014

30/5@ 17:07 - Revised 1A via menmen

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

D.O.A.

21/5/19

D.O.I.

28/5/19

Survey held at _____

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted: _____

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

Date / Time

Action / Instruction

4/6/19 2/5 4800 confirmed with sebastian cred: 5533.04 (53%)

RECEIVED 06 JUN 2019

Date/Time, File Pass to?



Preli. Report

1) 4/6 Typist

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

200

S + RS, SI

Photos

11

Others

TOTAL

211

Report Format:

TP

Lump Sum / I.B.I.: (\$ 4800/-)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$