22/03/2002

ASS. REC. BY: | REF: CS/MSG 19014287/ GVF3 | Special Instruction: N2

Surveyor : GQ

## ASSIGNMENT (Office)

From (Person): Crystal Lee of MSIG Date/Time: 16.8.19 1.20p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMD 7329G Insured: SKS 2219T

at Workshop m/s SK Automobile Tel: 81210478

of 8 Kaki Bukit Ave 4 #08-46

Policy No: 80468545 Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 14/8/19

CA / REV / REP. / REV 24 HRS rvp"

Date/Time: 16.8.19 1.31p.m Person Contacted: xiong H.O.D. Endorsement:

Vehicle IN / OUT

| Date/Time | Action/Instruction ( ✓ ) Estimate |
|---|---|
| | SMD 7329G - NBA/ MSG 190141791 Y D.O.A - 14/08/2019 |
| | SKS 2219T - NBA/ MSG 190141791 Y D.O.A - 14/08/2019 |
| 19/8/19 | Send preli revised via merimen |
| 14/9/19 | LS $ 2250 confirmed by email (Ref 13,185.44, 85%) |

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

D.O.A. D.O.I. 16-08-19

Survey held at W/S 3:30pm

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 |
|---|---|
| | |



Date/Time, File Pass to? 1) ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 16/9 - typist

Days Of Repair: 4

Resurvey No. of Trip: 1 Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($ ) S + RS SI

☐ : Interview ($ ) Photos

☐ : Tech. Invs ($ ) Others

☐ : Weekend ($ )

TOTAL

| | |
|---|---|
| | 200 |
| | 11 |
| | 211 |

Report Format : Merimen

Lump Sum / I.B.I: ($ 2250/2 )