

ASS. REC. BY:

REF:

CSMSG19018406/Uqd3n2

Special Instruction:

Survey:

Marcus

ASSIGNMENT (Office)

From (Person):

Monica Chung

of

MSG

Date/Time: 18/10/19 @ 9:36am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMN 38822

Insured:

SJJ 8188T

at Workshop m/s

Kaizen Motors

Tel:

9150 0670

of

68 kalg Bukit Ave 6 #02-12

Policy No:

A80455066QMX

Claim No:

608580

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

11/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:16am @ 18/10/19

Person Contacted:

Shawn

Vehicle: IN/OUT

Date/Time

Action/Instruction

Johnnie (✓)

SMN 38822-X

SJJ 8188T-X

21/10/19 @ 2:16pm

noted to Monica Chung via messenger.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

11/10/18

D.O.I.

18/10/18

Survey held at

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

Rear

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Nett 5364

Date / Time

Action / Instruction

1 yrs. 3 mths coe 11-1-2021 / KA14836

23/10/19 US \$3900 confirmed with Shawn. (Red \$498.30, 56%.)

RECEIVED 25 OCT 2019

Date/Time, File Pass to?

1) 24/10/19

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Feet:

Transportation:

Add Fee:



Site Insp (\$

) S + RS \$



Interview (\$

) Photos



Tech. Invs (\$

) Others



Weekend (\$

)

Report Format:

MER-TP

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

3900

TOTAL

150

11

161