

Surveyor: Hock Ann

ASSIGNMENT (Office)

From (Person): Jeannie Chung Jin Romj of MSIG

Date/Time: 17.2.2020 12.04p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGD 333K Insured:

at Workshop m/s Automobile Integrated Tel: 9119 8371

of 2B Sin Ming Lane, #07-141 Midland

Policy No: 29968500 MPQ Claim No: 619562

Sum Insured: Excess: \$3000.00

Make of Veh: (Client's Record) D.O.A. 7.2.2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 17/1/2020 11:20p.m Person Contacted: Jacyne Vehicle: IN/OUT

Automim. Claim @ gmail.com

Date/Time Action/Instruction (✓) Estimate Inspection: 23 Kaki Bukit Ave 4 Kaki Bukit 404-01

SGD 333K - CS/MSG 20062648/Hsf3 D.O.A. 04/07/2020

18/02/20 @ 14:45 pm revised IA to Jeannie via merimer.

18/02/20 @ 14:54 pm mandate requested authorize repair to Jeannie via merimer.

19/02/20 @ 11:52 pm mandate approved by Jason Sim via merimer.

19/02/20 @ 14:20 pm informed call to Jacyne via email.

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:

D.O.A. 7/2/20 D.O.I. 17/2/20

Survey held at Automobile Integrated

Des. of Damages (Fry) / Rear / (DIS) / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	* SGD 333K Do direct by Estimate car.
18/02/20	* workshop handle invoice from (kelvin).com provide parts invoice for part by part 18/2/20
	* workshop request wan p/p repair #
	MV - 38000 Hock Ann,
	PV - 226434 His check parts are cost price.
	NV - 153000 Kelvin → 96890/02

Date/Time, File Pass by:  : Preli. Report

Days Of Repair: 12

: Final Report

Resurvey No. of Trip: 2

Date/Time, File Return by:

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Technicians (\$)

: Wheel (\$)

Survey Fee:

Transportation

Photo

Other

TOTAL:

Report Format: OD

Lump Sum / AE: \$79,563.20 (Red \$28,988.30, 26%)

Signature: [Handwritten Signature] 19/2

ANN

REF:

MS164

ASSIGNMENT

Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: SGD 3331c  
 at Workshop m/s: 23 Laki Bukit Ave 4  
 of Automobile Integrated #04-01  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \$ 3000  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SGD 3331c (r Reg): 10/06/2005  
 Type:  M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Porsche Cayenne C.C.  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 11160km T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WP1ZZZ72ZF1A82897  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size F: 295/35/R21  
 R: 11

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

NIS	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 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  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm mic R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 7/2/20 D.O.I. 17/2/20  
 Survey held at: Automobile Integrated  
 Des. of Damages:  Frt /  Rear /  O/S / NIS / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	* SGD 3331c Do direct to Estimate car.
18/02/20	* workshop handle invoice from (kelvin) can provide parts invoice for part by part 18/2/20
	* workshop request wan p/p repair #
	MV - 38000 Hock Ann,
	PV - 226434 pls check parts are cost price.
	MV - 153000 Kelvin → 96890102

Date/Time, File Pass to/  : Preli. Report  
 : Final Report

Days Of Repair: 19/2  
 Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to/	Arbit Fee: <input type="checkbox"/>	Site Insp (\$)	Survey Fee:
	<input type="checkbox"/>	Interview (\$)	Transportation:
	<input type="checkbox"/>	Tech. Invc (\$)	3-PS: 21
	<input type="checkbox"/>	Witness (\$)	Other:
Report Format:			
Lang: Eng / M.E.S: 1			