ASS. REC. BY: | REF: CI/AXA/1702145G7/DC | Special Instruction:

ASSIGNMENT (Office)

Surveyor

From (Person): Pan Kow Ming of AXA Date/Time: 4/5/2017

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD5853G. Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: C0431978

Sum Insured: Excess:

Make of Veh: D.O.A. 30/4/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	SHD5853G-X