ASS. REC. BY: Surveyor | REF: C1/TP18019847/D | Special Instruction:

ASSIGNMENT (Office)

From (Person): Sylvest Chow of Date/Time: 3/9/2018

Estimated Cost: Bill to:

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

To Inspect Vehicle No: QBH5513M Insured:

at Workshop m/s Tel:

of

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A.

(Client's Reard)

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

Date/Time Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
17/10	Bryan said temporary close the file. Called 17/10/19