ASS. REC. BY: | REF: C1/TP19002149/Dc | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Hong Ching Fatt of 92308294 Date/Time: 23/1/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: JAZF0268F Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: JAZF0268F

Sum Insured: Excess:

Make of Veh: D.O.A.
(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
	$350