ASS. REC. BY: | REF: CI/TP1900696H/Dc | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Harry 9637 3533 of Hag Hin Date/Time: 12/11/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: WDD1732H312F146090 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: WDD1732H312F146090

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