

ASS. REC. BY:

REF: CS3/CT19011708/d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Chong Boon Sen of CT Date/Time: 2/7/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJS 4585J Insured: _____at Workshop m/s Motor Intelligence Tel: 62810087of 13 Kaki Bukit Rd 4 #01-20Policy No: _____ Claim No: SNM19.0202998C03

Sum Insured: _____ Excess: _____

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

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 2/7 Person Contacted: Svy Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SJS 4585J : CC3/AXA15000030/Tmp392 D.O.A: 27/12/2019
19/8/19 @ 4.43pm	lly said they already withdrawn.
4.51pm 13/9/19	- Reported through email. <u>Celine</u> 18/9/19