ASS. REC. BY: | REF: a/TP1901774/Dc | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Chia Guan Yam of Date/Time: 1/7/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: B16A21300169 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: B16A21300169

Sum Insured: Excess:

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

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

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	$350