ASS. REC. BY: | REF: CS/FC1190119GH/ ds | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Eileen Lee (CWS) of FCL Date/Time: 8/7/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB4248X Insured: SHB1496F

At Workshop m/s Tel:

of

Policy No: Claim No: D1900437&MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 4/7/2019

(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
11/11	Cancel Case. Double reference. (Refer to CS/FC1190119GS/Madam) Celia 11/11/19