

INS. REC. BY:

REF: CS/CT1 19013339/Aff3

Special Instruction:

Writin

Adnan

ASSIGNMENT (Office)

From (Person): Elain duang of CT1 Date/Time: 20.7.19 9.450.0

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SU 68114 Insured: YP 8753 C

at Workshop m/s Jack cors Service Centre Tel: 67488877

of Blk 300 Jubi road 1 #01-450/452

Policy No: DNCV41257731900 Claim No: SNM190203518102

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 26.7.2019

(Client's Record)

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

Date/Time: 20.7.19 10.29 a.m Person Contacted: Thana Vehicle IN/OUT: IN

| Date/Time | Action/Instruction | ✓ | Initials |
|-----------|--------------------|---|----------|
|           |                    |   |          |
|           |                    |   |          |
|           |                    |   |          |

lump sum confirm \$5800 - (Red, 11305; 66%)

7 days.