

ASS. REC. BY:

REF: CI/TP19021349/Dq

Special Instruction:

SURV/DOR

ASSIGNMENT (Office)

From (Person): Hong Kin Motor

of

Date/Time: 03/12/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: WBAJA 52060 G 886342

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No: WBAJA 52060 G 886342

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A.

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time

Person Contacted:

Vehicle IN/OUT

| Date/Time | Action/Instruction () Estimate |
|-----------|---------------------------------|
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