ASS. REC. BY: | REF: CI/TP19021351/Dq | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Hong Hin 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: WDD2050432R287031 Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: WDD2050432R287031

Sum Insured: Excess:

Make of Veh: D.O.A.

(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
	$350 ↑