

ASS. REC. BY:

REF: CS/AG119022791 d3.

Special Instruction:

Surveyor: _____ ASSIGNMENT (Office)

From (Person): Ivy Ratilla of AGI Date/Time: 26/12/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMP6104G Insured: SCK6335B

at Workshop m/s BW Workshop Tel: _____

of 291 Kaki Bukit Ave 1

Policy No: _____ Claim No: C10004858

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 10/12/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 27/12 Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SMP6104G-X
	SCK6335B-X
9/6 4.20pm	Received email from Logan, will be any charges, if they were to retract this assignment.
10/6 2.45pm	Informed Logan there was no survey done and there will be no charges.
10/6 2.57pm	Received email from Logan cancel the assignment. <i>Colin 19/6/2020</i>