

12/03/2020

ASS. REC. BY:

REF: 08

FWD20004314/

d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Vonesuchan

of

FWD

Date/Time:

20/3/2020 3:11 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKT 3214 U

Insured:

SBW 8283C

at Workshop m/s

MK vehicle

Tel:

6763 6363

of

48 Joh Green Road east # 04-124

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

12/03/2020

CA / REV / REP. / REV 24 HRS

1up

H.O.D. Endorsement:

Date/Time:

3:30 PM 20/3/2020

Person Contacted:

Troy

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate
	SKT 3214U - X	✓
	SBW 8283C - X	