

3-2-2020

ASS. REC. BY:

Envelope: GA

JUSTIN

From (Person):

~~My Relative~~

Estimated Cost:

of AGI

Bill to:

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

To Inspect Vehicle No: SLP 5232M

at Workshop m/s Peam Auto pro

of 160 SLM #01-14

Insured: SKD 6362P

Tel: 82699999

Policy No:

Claim No: C10004081 KY

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 24/9/2019

CA / REV / REP. / REV 24 HRS

Date/Time: 23/9

Person Contacted: Ric

Vehicle IN/OUT

Date/Time

Action/Instruction 13/10/19 (X)

SLP 5232M-X

SKD 6362P-X

Dismantle: 25/9/2019

After repair: 1/10/2019

21/04/20 SUBMIT LS \$5050, 6 DAYS (Red \$6550, 56%)

CS3/AGI19016730/Gqf3-1

REF:

Special Instruction:

ASSIGNMENT (Office)

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~~My Relative~~

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02/04/2020

~~23/9/2019~~

ASSIGNMENT

22