22/03/2002

ASS. REC. BY: | REF: CC3/TM120005017 /Ksf3 | Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person): _____ of TM1 Date/Time: _____

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 5825T Insured: SKK 6241T

at Workshop m/s Transrab Tel: _____

of NO 2 AMK ST 63

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 1.4.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS "MP"

Date/Time: 7/4/20 3.27p.m Person Contacted: _____ H.O.D Endorsement: _____

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 5825T - NBA / INC 1802211 3 / Y DOA - 09/12/2018