

ASS. REC. BY:

REF: CS/MSG20005121/Ksf3

Special Instruction:

Surveyor : Kenneth

ASSIGNMENT (Office)

From (Person):

Crystal Lee

of

MSIG

Date/Time:

9.4.2020 3.14pt

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLC 8513 B

Insured:

SMA 3328B

at Workshop m/s

Chung Ho

Tel:

67556142

of

BIK 1019

Vishnu MD-Park A #01-374

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

8.4.20

CA / REV / REP. / REV 24 HRS

pr

Date/Time:

9.4.20 3.29 p.m.

Person Contacted:

June

H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate.

SLC 8513B-X

SMA 3328B-X