

ASS. REC. BY:

REF: CS/AG120005122/ f3

Special Instruction:

Surveyor : _____ **ASSIGNMENT (Office)**

From (Person): Ivy Raskin of AGL Date/Time: 9.4.20 3.30p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLN 472/k Insured: SK J 86219

at Workshop m/s New Hock Teck Tel: 6747 9241

of 1 Kaki Bukit Ave 6 BIC C # 01-43 Astobay

Policy No: _____ Claim No: **C10005302**

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12.1.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 9.4.10 333p.m Person Contacted: Sarkis Vehicle IN/OUT ()

Date/Time	Action/Instruction (✓) Estimate	Advan will go.
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SLN 4721K-X

SKJ 86214-X