

ASS. REC. BY:

REF: CS3/MSG 20005144/Enf3

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person): Katherine Wong

of

ms1g

Date/Time: 13.4.20 9.23 AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SC2 374

Insured:

YQ 9031

at Workshop m/s **Evargum Auto Services**

Tel:

93829991

of B/K-3022A Ub road 1 #01-51

Policy No: 300 01320088

Claim No:

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 7.4.2020

CA / REV / REP. / REV 24 HRS

Date/Time: 13.4.20 10.00a.m

Person Contacted:

Silv Mu

H.O.D. Endorsement: _____

Vehicle/IN/OUT

[illegible]