

ASS. REC. BY:

REF: CS/CT1 20005210 / Uvf3

Special Instruction:

Surveyor: MATTHEW

ASSIGNMENT (Office)

From (Person): Adeline Chng Po Win of CT1

Date/Time: 15.4.20 10.48 a.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLD 6789E

Insured: 48 50504

at Workshop m/s Car city

Tel: 67810300

of BIR 9006 #01-198 Tompense street 93

Policy No: DMCVSN18287519011

Claim No: SN/M 20D 20 1727

Sum Insured: _____ Excess: _____

Excess:

Make of Veh:

D.O.A. 7.4.2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 15.4.20 11:30 a.m.

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLD 6789E-X
	VP 5050S-X