

ASS. REC. BY:

REF: CS3/ FWD20005214 / EYf3

Special Instruction:

Surveior: Steve

ASSIGNMENT (Office)

From (Person): Vinssa chan

of

FWD

Date/Time: 15.4.20 203p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKH 8154P

Insured:

SJN 6351E

at Workshop m/s

JD motorsport

Tel:

90234180

of

25 Taki Bukit Road 4 #06-38

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

6.4.20

CA / REV / REP. / REV 24 HRS

info

16.8.2020 wksp arrange.

H.O.D. Endorsement:

Date/Time:

15.4.20

2.11p.m

Person Contacted:

Richard

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate.

SKH 8154P - X

SJN 6351E - X