

ASS. REC. BY:

REF: CS/SCD-2000565 / Qsf3

Special Instruction:

Surveyor: Sun PinASSIGNMENT (Office)From (Person): Shaun Limchi Tuck

of

SCDFDate/Time: 16.4.20 12.44p.m

Estimated Cost: _____

Bill to: _____

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

To Inspect Vehicle No:

YN 39453

Insured: _____

at Workshop m/s

Hong Team Tactical Centre

Tel:

90464103

of

1 Gali Batu C1

Policy No: _____

Claim No: _____

Sum Insured: _____

Excess: _____

Make of Veh:

(Client's Record)

D.O.A. 9.12.2019CA / REV / REP. / REV 24 HRS

H.O.D Endorsement: _____

Date/Time:

17.4.20 9.30a.m

Person Contacted:

ShaunVehicle IN/OUT

Date/Time

Action/Instruction (✓) EstimateYN 39453 - X