

ASS. REC. BY:

REF: CS/CJ 200052621 f3

Special Instruction:

Surveyor : _____ **ASSIGNMENT (Office)**

From (Person): Tan Kah Leng of CTI Date/Time: 17/4/20 11.34g.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMF 55204 Insured: GBE 91765

at Workshop m/s *mova* Tel: *62723892*

of BIK 1018 Bukit Nanyah Lane 3 # 01-04

Policy No: DMCVSN 1626919033 Claim No: SYM20021730602

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 9.4.20
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 17.4.19 11.49 a.m. Person Contacted: Joan Vehicle ID: OUT

Date/Time	Action/Instruction (✓) Estimate
	SMP 5520' - X
	GBE 917LS - CC4 / AIG 16023462 / LK13292 DOA - 29/11/2016