urveyor : RASUL	ASSIGNMEN	VT (Office)		7	
From (Person): GERALD Pe	OH WEE BIN LPC	100	Date/Tim	e: 27/4/2020 10:49 AM	
Estimated Cost:		Bill to:			50
OD TP/WS/TP RES/	DD RES / EVA / INV / MV / CS				
To Inspect Vehicle No:	3BF 8402R		Insured:		
at Workshop m/s GOLD		Tel: 9755	7336		
of NO 8 TUAS AVE 18					
Policy No:		Claim No:	20/20/20/VC	00/023322	
Sum Insured:		Excess:	\$500.00		
Make of Veh:(Client's Record)			D.O.A	24/04/2020	E S
CA / REV / REP. / RE	V 24 HRS		HOD	Endorsement	
Date/Time: 27-4-2020 1	1.12 A.M Person Contacted:	BRIAN	Vehicle II	NOUT	*
Date Hills,					
Date/Time Action/Instr	2 11.8.1				
J. Show a Mary	2 11.8.1		4.	ACCORD 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Date/Time Action/Instr GBF 840	2 11.8.1		IAIL.		
Date/Time Action/Instr GBF 840 28/04/20@9.44am	D2R - X IN REVERT TO GERAL	_D BY EM		FORE EXCESS TH	IRU EMA
Date/Time Action/Instru GBF 840 28/04/20@9.44am 28/04/20@2.47pm	02R - X	LD BY EM ED C/A UI	P TO \$5K BE		