ASS. REC. BY: | REF: CI/III20005512/Nc | Special Instruction:

SURVEYOR:

ASSIGNMENT (Office)

From (Person): Geraldine Ang of III Date/Time: 20/03/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: CB 7128Z Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: AC200046

Sum Insured: Excess:

Make of Veh: D.O.A 29/02/2020
(Client's Record)

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

Date/Time Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	CB 7128Z - X