

ASS. REC. BY:

REF: CS/TMI20006880/T1yf3

Special Instruction:

Surveyor: TAUFIKH

ASSIGNMENT (Office)

From (Person): Ong Chin Kiat of TMI Date/Time: 01 Jul 2020 14:27

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHC 7464M Insured: SLT 8915K

at Workshop m/s COMFORTDELGRO Tel: 6214 8300

of 59 Loyang Drive

Policy No: MU011947 Claim No: M2003248

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. ~~30/06/2020~~ 29/06/20
(Client's Record)

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

Date/Time: 1-7-2020 3.45P.M Person Contacted: JUMANI Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SHC 7464M -
	SLT 8915K -