

ASS. REC. BY: Adnan REP: 3 C8/A1G/1902/393/At f3-1 Special Instruction: _____
 Envelope: Meinhen ASSIGNMENT (Office)
 From (Person): Jennifer chen of A1G Date/Time: 3/12/19 @ 4:59pm
 Estimated Cost: _____ Bill to: _____
 OI / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
 To inspect Vehicle No: SJV 7171J Insured: SKN1018P
 at Workshop no/s: U2 spray painting Tel: 8618 6474
 of 25 Kelki Bukit Road 4 # 06-43
 Policy No: _____ Claim No: 423457616 ISG
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 26/11/2019
 (Client's Record)
 CA / REV / REP. / REV 24 HRS 1up H.O.D. Endorsement: _____
 Date/Time: 9:37am @ 4/12/19 Person Contacted: Ah. bucht Vehicle IN OUT

Date/Time	Action/Instruction
	<u>1st time 1 ✓</u>
	<u>311 7171J - C8/A1G/11025546/Rajiv</u> D.O.A. <u>10/12/2011</u>
	<u>SKN1018P - C8/A1G/16012514/Avb2</u> D.O.A. <u>3/11/2016</u>
	<u>Submit DAR Report</u>