

ASS. REC. BY:

REF: CS/III20008115/Etf3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Gabriel Wee of III Date/Time: 05/08/2020

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBK 6690L Insured: SHA 3721Hat Workshop m/s EQUATOR BROTHERHOOD Tel: 6384 6939of 25 KAKI BUKIT ROAD 4 #03-19 SYNERGY @KB

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26/07/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

'WP'

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	FBK 6690L - X
	SHA 3721H - NS/INC19021272/Gtf3n2 DOA: 31/11/2019