

ASS. REC. BY:

REF: CS/MSG20009649/R1f3

Special Instruction:

Surveyor: RASUL ASSIGNMENT (Office)

From (Person): Abraham Rajadurai of MSIG Date/Time: 9/9/2020 2:10 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: Unregistered Bus Insured: PUBLIC LIABILITY

at Workshop m/s _____ Tel: 83188318

of 31 GUL CIRCLE

Policy No: _____ Claim No: 6001341/AR

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26-08-2020
(Client's Record)

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

Date/Time: 09-09-20 2.22P.M Person Contacted: LIM Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	Unregistered Bus- <input checked="" type="checkbox"/>
	PUBLIC LIABILITY- CS3/SGK20008139/R1sf3s2 DOA :30/07/2020