22/03/2002

ASS. REC. BY: | REF: CS/TMI20009720/T1sf3 | Special Instruction:

Surveyor : TAUFIKH **ASSIGNMENT (Office)**

From (Person): DILLEN SENTHILAN of TMI Date/Time: 10 Sep 2020 16:31

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 7345Z Insured: YN 8315U

at Workshop m/s COMFORTDELGRO Tel: 6214 8300

of 59 Loyang Drive

Policy No: MG000514 Claim No: M2004465

Sum Insured: Excess:

Make of Veh: D.O.A. 10/09/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement:

Date/Time: 11-9-20 9.49A.M Person Contacted: JUMANI Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 7345Z- CS3/FCI19021549/Gqf3e2 DOA :01/12/2019
	YN 8315U-X