ASS. REC. BY:

REF: CS/EGI20009728/Ktd3

Special Instruction:

Surveyor Kenneth

ASSIGNMENT (Office)

From (Person): Pauline Soh of EGI Date/Time: 11/09/2020@10.09AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 5661T Insured: SKA 5696Z

at Workshop m/s TRANSCAB Tel: 6287 6666

of NO.2 AMK STREET 63

Policy No: Claim No: CDMPG20001255

Sum Insured: Excess:

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

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

Date/Time: 10.20AM@10/09/2020 Person Contacted: CANDY Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 5661T-CC3/CAI13016362/Kpb3c3
	SKA 5696Z - X

D.O.A :31/08/2013