ASS. REC. BY:

REF: CS/AGI20011004/Atd3

Special Instruction:

ASSIGNMENT (Office)

Surveyor: ADRIAN

From (Person): IVY RATILLA of AGI

Date/Time: 12/10/2020@ 12.04PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SGT 4040U

Insured: SJF 4470A

at Workshop m/s AUTOMOBILE HUB

Tel: 9786 4483

of 1 KAKI BUKIT AVE 6 # 02-11

Policy No:

Claim No: C10007532

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 06/10/2020

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

H.O.D. Endorsement:

Date/Time: 12.37PM@12/10/2020 Person Contacted: MR.LIM

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate	
	SGT 4040U-NA/INC20010929/z4	DOA :06/10/2020
	SJF 4470A-NA/INC20010929/z4	DOA :06/10/2020