

ASS. REC. BY:

REF: ~~CS3/III20008356/R1vf3~~

Special Instruction:

Surveyor:

RASUL

ASSIGNMENT (Office)

16/10/2020

From (Person):

~~CARINE KHEK~~

of III

Date/Time: ~~12/8/2020 5:57 PM~~

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMJ 6539S

Insured:

SHC 3372X

at Workshop m/s

B'S Performance

Tel:

86991616

of

7 Soon Lee Street i-space #01-38

Policy No:

MCOM0015

Claim No:

MCT20080067

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 04-08-20

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 13-8-20 9.16A.M

Person Contacted:

FRANKIE

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (X) Estimate

SMJ 6539S- X

SHC 3372X- CC3/III19019542/T1gs3q2 DOA:30/10/2019

14/8/20

Submit PRS, 4 days

5/11/20

Submit LS \$3300 (Red 5800, 64%), 4 days