

ASSIGNMENT (Office)

From (Person): CHRIS LIM of FCI Date/Time: 26/10/2020 12:43 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: QX 84E Insured:

at Workshop m/s Chin Meng Motors Tel: 67474810

of 1 Kaki Bukit Ave 6

Policy No: _____ Claim No: D20004337MVQC

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24-10-2020
(Client's Record)

CA / **REV** / REP. / REV 24 HRS

Date/Time: 26-10-20 1.41P.M Person Contacted: MELVIN Vehicle IN/OUT

[illegible]