

ASS. REC. BY:

REF: CS/FCI20011646/Asf3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): MERINA CHIA SAN SAN of FCI Date/Time: 27/10/2020 8:52 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SFB 325G Insured: SHC 7664C

at Workshop m/s Tick Hai Motor & Welding Services Tel: 68429089/ 0

of KAKI BUKIT AVENUE 6 #01-54AUTOBAY @ KAKI BUKIT

Policy No: _____ Claim No: D20004331MFSH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 20-10-2020
(Client's Record)

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

Date/Time: 27-10-20 9.50A.M Person Contacted: CONNIE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SFB 325G- NA/INC18004767/h4 DOA :12/03/2018
	SHC 7664C- NA/INC13013867/e1 DOA :01/08/2013