PRS

ASS. REC. BY: | REF: CS3/ASM19008821/Bvf3-1 | Special Instruction:

Surveyor : LIM

ASSIGNMENT (Office)

From (Person): Oh VALE of ASM (AXA) Date/Time: 4-11-2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: VAY 2308 Insured: SJF 5697E

at Workshop m/s TEAMWORK GARAGE Tel: 68442475

of 53 UBI AVENUE 1 #01-24

Policy No: Claim No: S9M01NM6

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 15/05/2019

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

Date/Time: 30-4-2020 2.47P.M Person Contacted: DAVID H.O.D. Endorsement:

Vehicle IN / OUT

Date/Time	Action/Instruction (NO) Estimate
	VAY 2308 - X
	SJF 5697E - X
12/11/20	Submit LS $4700 (Red 3500, 43%), 5 days