ASS. REC. BY: | REF: CS/MSG20012159/Dvd3 | Special Instruction:

Surveyor: BRYAN

ASSIGNMENT (Office)

From (Person): CRYSTAL LEE of MSIG Date/Time: 6/11/2020@9.48AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 4909L Insured: SMJ 4043T

at Workshop m/s BIFROST AUTO Tel: 6243 6687

of BLK 9 SECTOR C# 01-42

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A 05/11/2020
(Client's Record)

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

Date/Time: 9.55AM@6/11/2020 Person Contacted: REGINA Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 4909L- CC3/AIG18012316/Neb3q2 DOA : 05/07/2018
	SMJ 4043T-X