ASS. REC. BY: | REF: CS4/ASM20012219/Nsd3 | Special Instruction:

Surveyor NAZ

ASSIGNMENT (Office)

From (Person): CYNTHIA LOH of ASM (AXA) Date/Time: 07/11/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: FBQ 4513Y Insured:

at Workshop m/s WING FUAT Tel: 8100 2811

of BLK 3020A UBI ROAD 1 #01-37

Policy No: Claim No: S0M02UGE

Sum Insured: Excess: $770.00

Make of Veh: D.O.A. 19/09/2020
(Client's Record)

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

Date/Time: 9.45AM@9/11/2020 Person Contacted: ERIC Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	FBQ 4513Y-X