ASS. REC. BY:

REF: CS/EGI20013479/Kqd3

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): PAULINE SOH of EGI

Date/Time: 7/12/2020@3.21pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 5895R

Insured: GBK 1369Z

at Workshop m/s TRANSCAB AUTO

Tel: 6287 6666

of NO.2 AMK STREET 63

Policy No:

Claim No: CDMCG20001823

Sum Insured:

Excess:

Make of Veh: 'WP'
(Client's Record)

D.O.A. 04/12/2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 3.40PM@7/12/2020

Person Contacted: CANDY

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 5895R-NA/INC11004600/c2 DOA :11/03/2011
	GBK 1369Z-