22/03/2002

ASS. REC. BY: | REF: CS3/III20013534/Gtf3 | Special Instruction:

Surveyor : GQ

ASSIGNMENT (Office)

From (Person): Gabriel Wee of III Date/Time: 8/12/2020 3:07 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLE 1874U Insured: SHA 3564U

at Workshop m/s SAU HOCK Tel: 91098638

of Blk 10 amk park 2A # AMK Autopoint #02-14

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 05.12.20
(Client's Record)

"WP"

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

Date/Time: 08-12- 20 3.27P.M Person Contacted: SAU HOCK Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SLE 1874U- X
	SHA 3564U- CS3/III17022119/Brbe2-1 DOA :19/11/2017