

12/17/2000

REF: CS/MSG20013715/Dvd3

Special Instruction:

ASS. REC. BY:

SURV BY: BRYAN

ASSIGNMENT (Office)

Merimen

From (Person): FIEVEL FOO

of MSIG

Date/Time: 10/12/2020@ 4.35PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMH 7011B

Insured: SLP 645M

at Workshop m/s: C.S ONG AUTO

Tel: 6484 1933

of BLK 10 AMK IND.PARK 2A# 02-16

Policy No: 29141713MKF

Claim No: 631814

Sum Insured: Excess:

Make of Veh: (Client's Record)

D.O.A. 08/12/2020

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

MRS.ONG

H.O.D. Endorsement:

Date/Time: 10.15AM@11/12/2020 Person Contacted:

Vehicle: IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SMH 7011B-X
	SLP 645M-NA/III20013662/h4 DOA : 08/12/2020
18/1/21	Send IA via merimen