

ASS. REC. BY:

REF: CS3/MSG20014026/Gqf3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): CRYSTAL LEE of MSIG Date/Time: 17/12/2020 10:12 AM

Estimated Cost: _____ Bill to: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐ CSTo Inspect Vehicle No: SMT 9436H Insured: SLF 7240Dat Workshop m/s GARAGE 13 Tel: 63851171of 8 KAKI BUKIT AVE 4 #04-36Policy No: 29141713MKF Claim No: 632114

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16.12.2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 17-12-20 10.28A.M Person Contacted: IRENE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SMT 9436H- ☒
	SLF 7240D- CC6/LCR17014927/Upb3q2 DOA : 31/07/2017