ASS. REC. BY: | REF: CS/EGI21000047/Uvd3 | Special Instruction:

Surveyor

## ASSIGNMENT (Office)

From (Person): PAULINE SOH of EGI Date/Time: 04/01/2021@10.53AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLH 2491T Insured: GBH 8518E

at Workshop m/s ZOOM AUTOWERKS Tel: 9450 7920

of 15 Kaki Bukit Road 4 #01-05/53

Policy No: Claim No: CDMCG21000004

Sum Insured: Excess:

Make of Veh: D.O.A. 03/01/2020
(Client's Record)

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

Date/Time: 11am@04/01/2021 Person Contacted: EILEEN Vehicle IN / OUT

| Date/Time | Action/Instruction ( ✓ ) Estimate |
|---|---|
| | Repairer arrange to survey on 05/01/2021 |
| | SLH 2491T-X |
| | GBH 8518E-X |
| | |
| 14/1/21 | Send IA via merimen |
| | |
| | |