ASS. REC. BY: | REF: CS/TMI21000140/Ktd3 | Special Instruction:

Surveyor: KENNETH Merimen

ASSIGNMENT (Office)

From (Person): TELMA GOMEZ of TMI Date/Time: 4/01/2021@9.16AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 5334M Insured: SLG 8617P

at Workshop m/s TRANSCAB AUTO Tel: 6287 6666

of NO.2 AMK STREET 63

Policy No: ML000135 Claim No: M2006465

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 29/12/2020

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

Date/Time: 9.27AM@5/1/2021 Person Contacted: ZHE WEI Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 5334M- CC3/AXA14005778/Kpb3u2 DOA: 24/03/2014
	SLG 8617P-X