ASS. REC. BY: | REF: CS/MSG21000174/Uvd3 | Special Instruction:

Survey

ASSIGNMENT (Office)

MERIMEN

From (Person): FIEVEL FOO of MSIG Date/Time: 05/01/2021@8.25AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBE 7788P Insured: GBH 9411Y

at Workshop m/s LIU'S BROTHER Tel: 6741 1730

of 1 KAKI BUKIT AVE 6 # 01-01

Policy No: 1001155646 Claim No: 250978

Sum Insured: Excess:

Make of Veh: D.O.A. 04/12/2020
(Client's Record)

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

Date/Time: 10.11AM@05/01/21 Person Contacted: SUSAN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBE 7788P-CC4/ASM19001000/Uea3q2
	GBH 9411Y-X