ASS. REC. BY:

REF: CS3/INC21000251/d3

Special Instruction:

Surveyor GUO QIANG

ASSIGNMENT (Office)

From (Person): THERESA VIMALA of INC. Date/Time: 06/01/2021@8.53AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMQ 8187Z Insured: FBR 6695L

at Workshop m/s GARAGE 13 Tel: 6385 1171

of 8 KAKI BUKIT AVE 4 # 03-46

Policy No: Claim No: MT/1116250-001

Sum Insured: Excess:

Make of Veh: D.O.A. 05/01/2021
(Client's Record)

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

Date/Time: 9.50AM@06/01/21 Person Contacted: IRENE Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	SMQ 8187Z-X
	FBR 6695L-X