

12/12/2020

REF: CS3/INC21000255/Gtd3

Special Instruction:

ASS. REC. BY:

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

FBM 9419A

To Inspect Vehicle No: SLE 1092J

Insured:

at Workshop m/s

GARAGE 13

Tel: 6385 1171

of 8 KAKI BUKIT AVE 4 # 03-46

Policy No:

Claim No: MT/1115724-002

Sum Insured:

Excess:

D.O.A. 30/12/2020

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 9.27AM@06/01/21

Person Contacted: IRENE

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (X) Estimate	
	SLE 1092J-NA/AIG21000012/Y	DOA: 30/12/2020
	FBM 9419A-NA/AIG21000012/Y	DOA: 30/12/2020