ASS. REC. BY:

REF: CS3/INC21000258/Gvd3

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: SLB 6279X

Insured: SMF 9196Z

at Workshop m/s GARAGE 13

Tel: 6385 1171

of 8 KAKI BUKIT AVE 4 # 03-46

Policy No:

Claim No: MT/1116082-002

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 03/01/2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

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

Person Contacted: IRENE

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate	
	SLB 6279X-NA/INC21000079/z4	DOA ; 03/01/2021
	SMF 9196Z-NA/INC21000079/z4	DOA ; 03/01/2021
13/1/21	Submit PRS	