CS3/III20011789/Gqd3-1

22/03/2002

ASS. REC. BY:

REF: ~~CS3/III20011789/Gqf3~~

Special Instruction:

Surveyor : GQ

ASSIGNMENT (Office)

08/01/2021

From (Person): CARINE KHEK of III Date/Time: ~~20/10/2020 2:10 PM~~

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLE 5482R Insured: PC 1632P

at Workshop m/s LKT GROUP Tel: 98300271

of Blk 3006 Ubi rd 1 # 01-384

Policy No: D20MFL0003256 Claim No: MFL2020D0002221

Sum Insured: Excess:

Make of Veh: D.O.A. 26-10-2020

(Client's Record)

"WP"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 29-10-20 2.24P.M Person Contacted: MABEL Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SLE 5482R-X
	PC 1632P-X