

ASS. REC. BY:

REF: CS/CTI21000429/Avf3

Special Instruction:

Surveyor: ADRIAN

ASSIGNMENT (Office)

From (Person): ALFRED TOH of CTI Date/Time: 11/1/2021 11:13 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: JJN 5490 Insured: GBG 8690U

at Workshop m/s RYDER Tel: 67418277

of 2 Kaki Bukit Ave 2, #02-19 / 22 AutoHub @ Kaki Bukit

Policy No: DMCVSNW00105812000 Claim No: SNM21D200106/C02/TOHHS

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 5-Jan-2021
(Client's Record)

"WP"

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

Date/Time: 11-1-2021 11.41A.M Person Contacted: JUNE Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	JJN 5490 - X
	GBG 8690U - X
25/1/21	Adrian confirmed LS \$3000 (Red 4224.44,58%)
26/1/21	Send IA via merimen