ASS. REC. BY: | REF: CS/GAI21000458/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): SHERY WONG of GAI Date/Time: 11/01/2021@4.17PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMT 1939B Insured: SMU 3468A

at Workshop m/s TRANS EUROKARS Tel: 8128 9802

of 27A TANJONG PENJURU

Policy No: Claim No: CLMOMVP000001120

Sum Insured: Excess:

Make of Veh: D.O.A.
(Client's Record)

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

Date/Time: 4.33PM@11/01/2021 Person Contacted: JESS Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMT 1939B-X
	SMU 3468A-X