ASS. REC. BY: | REF: CS/AGI21000462/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 11/01/2021@4.49PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMW 6341B Insured: SLU 6351U

at Workshop m/s MY CAR CONSULTANT Tel: 8866 8832

of 60 JALAN LAM HUAT# 05-21

Policy No: Claim No: C10008559/ST

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: 5.01PM@11/01/21 Person Contacted: HUI QIN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMW 6341B- X
	SLU 6351U-X

Repairer agreed to survey on 12/01/2021