22/03/2002

ASS. REC. BY: | REF: CS/AGI21000543/Kvf3 | Special Instruction:

Surveyor : KENNETH

ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 12/1/2021 2:29 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 5568K Insured: SJE 5055P

at Workshop m/s TRANS-CAB Tel: 6287-6666

of No. 2 AMK St. 63, S569111

Policy No: Claim No: C10008554/LA

Sum Insured: Excess:

Make of Veh: D.O.A. 31-12-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement:

Date/Time: 12-01-2021 2.36P.M Person Contacted: ZHE WEI Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 5568K- NA/CTI20001072/z4 DOA :17/01/2020
	SJE 5055P- NA/AIG13001284/e1 DOA :17/01/2013
15/2/21	Final fig $1844.93 confirmed by email (Red 7592.92, 80%)