

ASS. REC. BY:

REF: CI/AVI21000611/Pq

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Michelle Toh of AVI Date/Time: 08/01/2021

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	SKB 88G	Insured:
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at Workshop m/s _____ Tel: _____

Policy No: 10925921 Claim No: G0071989

Claim No: G0071989

Sum Insured: _____ Excess: _____

Excess: _____

Make of Veh: _____ D.O.A. 06/01/2021
(Client's Record)

D.O.A. 06/01/2021

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT _____

Vehicle ~~IN/OUT~~

Date/Time	Action/Instruction () Estimate
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Date/Time	Action/Instruction () Estimate
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[illegible]

[illegible][illegible]

\$500/-

	\$500/-
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\$500/-