ASS. REC. BY: | REF: CS/TMI21000646/T1qd3 | Special Instruction:

ASSIGNMENT (Office)

Surveyor: TAUFIKH
Merimen

From (Person): TELMA GOMEZ of TMI Date/Time: 13/01/2021@12.11PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 2887P Insured: GBC 7656Y

at Workshop m/s COMFORTDELGRO Tel: 6214 8300

of 59 LOYANG DRIVE

Policy No: MX006708 Claim No: M2100230

Sum Insured: Excess:

Make of Veh: D.O.A. 12/01/2021
(Client's Record)

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

Date/Time: 12.33PM@13/01/21 Person Contacted: JUMANI Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 2887P-CC4/LPC18017753/K1db3n2 DOA: 29/09/2018
	GBC 7656Y-X