ASS. REC. BY:

REF: CS/AGI21000746/Qtd3

Special Instruction:

Surveyor SUN PIN

ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI

Date/Time: 15/01/2021@2.52PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMN 1323J

Insured: SMC 8618Y

at Workshop m/s MY CAR CONSULTANT

Tel: 8866 8832

of 60 JALAN LAM HUAT# 05-21

Policy No:

Claim No: C10008710/KY

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A 02/01/2021

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

H.O.D. Endorsement:

Date/Time: 2.58PM@15/01/21 Person Contacted: HUI QIN Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMN 1323J-X
	SMC 8618Y-X