

ASS. REC. BY:

REF: CS/AGI21000761/f3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): IVY RATILLA of AGI Date/Time: 15/1/2021 4:43 PM

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLU 5208H Insured: SGT 619Cat Workshop m/s iShare Auto Pte. Ltd. Tel: 98564815of 8 Kaki Bukit Avenue 4 #08-09 Premier @ Kaki BukitPolicy No: _____ Claim No: C10008706/CH

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 14.01.21
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 15-01-21 4.46P.M Person Contacted: MICHELLE Vehicle IN ☒ OUT

Date/Time	Action/Instruction (☒) Estimate
	SLU 5208H-X
	SGT 619C- CC6/AIG12004375/Usr1y DOA :29/02/2012