ASS. REC. BY: | REF: CS/EGI21000930/Dtd3 | Special Instruction:

Surveyor BRYAN

ASSIGNMENT (Office)

From (Person): PAULINE SOH of EGI Date/Time: 19/01/2021@4.40PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 8513J Insured: SKX 2143B

at Workshop m/s BIFROST AUTO Tel: 6243 6687

of BLK 9 SECTOR C# 01-42

Policy No: Claim No: CDMPG21000094

Sum Insured: Excess:

Make of Veh: D.O.A. 17/01/2021
(Client's Record)

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

Date/Time: 9.30AM@20/01/21 Person Contacted: REGINA Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHA 8513J-NS/INC20013842/R1td3e2	DOA: 12/12/2020
	SKX 2143B-X	