

ASS. REC. BY:

REF: CS3/III20013534/Gtf3 -1

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Gabriel Wee of III Date/Time: 8/12/2020 3:07 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLE 1874U Insured: SHA 3564U

at Workshop m/s SAU HOCK Tel: 91098638

of Blk 10 amk park 2A # AMK Autopoint #02-14

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 05.12.20
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 08-12-20 3.27P.M Person Contacted: SAU HOCK Vehicle IN ☒ OUT

Date/Time	Action/Instruction (X) Estimate
	SLE 1874U- X
	SHA 3564U- CS3/III17022119/Brbe2-1 DOA :19/11/2017