ASS. REC. BY: | REF: CS/EGI21001334/Kvd3 | Special Instruction:

Surveyor: KENNETH Merimen

ASSIGNMENT (Office)

From (Person): PAULINE SOH of EGI Date/Time: 28/01/2021@11.37AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 5899E Insured: GBK 5573Z

at Workshop m/s TRANSCAB AUTO Tel: 6829 9194

of NO.2 AMK STREET 63

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 27/01/2021

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

Date/Time: 11.51AM@28/01/21 Person Contacted: KEK ZHEWEI Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 5899E-CC3/FCI15017839/Kvbd1 DOA: 16/10/2015
	GBK 5573Z-X