ASS. REC. BY: | REF: CS4/TMI21001430/d3 | Special Instruction:

Surveyor: Merimen

ASSIGNMENT (Office)

From (Person): ONG CHIN KIAT of TMI Date/Time: 29/01/2021@15.31PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBD 8221G Insured:

at Workshop m/s THINK ONE AUTOCARE Tel: 6844 3300

of No. 60 Jalan Lam Huat #02-32

Policy No: ML000183 Claim No: M2100440

Sum Insured: Excess: $2500.00

Make of Veh: D.O.A. 21/01/2021
(Client's Record)

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

Date/Time: 4.41PM@29/01/21 Person Contacted: TOM Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBD 8221G- CC3/TMI21001257/Ktf3 DOA : 26/01/2021