22/03/2002

ASS. REC. BY: | REF: CS/AGI21001565/Kqf3 | Special Instruction:

Surveyor : KENNETH **ASSIGNMENT (Office)**

From (Person): IVY RATILLA of AGI Date/Time: 2/2/2021 10:30 AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 5895K Insured: SKV 6680B

at Workshop m/s TRANS-CAB Tel: 62876666

of NO 2 AMK STREET 63

Policy No: Claim No: C10008889/CH

Sum Insured: Excess:

Make of Veh: D.O.A. 29.01.2021
(Client's Record)

CA / REV / REP. / REV 24 HRS "WP"

H.O.D. Endorsement:

Date/Time: 2-2-21 3.13P.M Person Contacted: ZHE WEI Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 5895K- X
	SKV 6680B - X