

12/17/2000

REF: CS/III21001848/Atd3

Special Instruction:

ASS. REC. BY:

SUBMITTED BY: ADRIAN

ASSIGNMENT (Office)

Merimen

From (Person): GABRIEL WEE

of III

Date/Time: 08/02/2021@4.16PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLQ 2173P

Insured: SMH 9414J

at Workshop m/s MCS GARAGE

Tel: 9270 0917

of 10 Kaki Bukit Road 2 #03-25

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A. 05/02/2021

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

H.O.D. Endorsement:

Date/Time 4.33PM@08/02/21

Person Contacted: MR.KENDRICK

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLQ 2173P-X
	SMH 9414J-X