

12/02/2021

REF: CS/ICS21001944/Gqd3

Special Instruction:

ASS. REC. BY:

SURV BY

GUO QIANG

ASSIGNMENT (Office)

Merimen

From (Person):

LIU CHUN CHEONG of

ICS

Date/Time: 09/02/2021@2.31PM

Estimated Cost:

Bill to:

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

SJY 1147D

Insured: SJL 199D

To Inspect Vehicle No:

Tel: 8866 8832

at Workshop m/s

MY CAR CONSULTANT

of

60 JALAN LAM HUAT# 05-21

Policy No:

Claim No: DMPC2100044H

Sum Insured:

Excess:

D.O.A. 04/02/2021

Make of Veh:

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 3.23PM@09/02/21

Person Contacted:

HUI QIN

Vehicle IN

☒ OUT

| Date/Time | Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate |
|-----------|---------------------------------------------------------------------|
|           | SJY 1147D-X                                                         |
|           | SJL 199D-X                                                          |
|           |                                                                     |
|           |                                                                     |
|           |                                                                     |
|           |                                                                     |