

ASS. REC. BY:

REF: CS/ASM21001990/Ktf3

Special Instruction:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): ARNOLD CHONG of AXA Date/Time: 10/2/2021 8:49 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLS 4394U Insured: SJP 9438J

at Workshop m/s Heng Yap Seng Auto Services Tel: 91833008

of Blk 160 sin ming drive #08-13

Policy No: _____ Claim No: S1M032FZ

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 08-02-21
(Client's Record)

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

Date/Time: 10-2-21 10.39A.M Person Contacted: HAN MENG Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SLS 4394U - <input checked="" type="checkbox"/>
	SJP 9438J - <input checked="" type="checkbox"/>