ASS. REC. BY:

REF: CS/EGI21002333/Dtd3

Special Instruction:

Surveyor / Merimen: BRYAN

ASSIGNMENT (Office)

From (Person): PAULINE SOH of EGI Date/Time: 18/02/2021@3.59PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 1123Y Insured: XD 9918M

at Workshop m/s BIFROST AUTO Tel: 6243 6687

of BLK 9 SECTOR C# 01-42

Policy No: Claim No: CDMCG21000314

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 17/02/2021

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

Date/Time: 4.23PM@18/02/21 Person Contacted: REGINA Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 1123Y-CS/QW19021559/Esf3s2
	XD 9918M-X

Repairer agreed to survey on 19/02/21

DOA : 05/12/2019