

ASS. REC. BY:

REF: CS/TMI21002444/Gvf3

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): CLARA MILAH YEO of TMI Date/Time: 22 Feb 2021 13:55

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SHD 6989S Insured: SLK 5912K

at Workshop m/s COMFORTDELGRO Tel: 6214 8300

of 59 LOYANG DRIVE

Policy No: _____ Claim No: M2100884

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 19/02/2021
(Client's Record)

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

Date/Time: 22-02-21 3.43P.M Person Contacted: JUMANI Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SHD 6989S- NBA/INC21000829/Y DOA :30/12/2020
	SLK 5912K- <input checked="" type="checkbox"/>