

ASS. REC. BY:

REF: CS/ASM21002526/Uqf3

Special Instruction:

Surveyor: MARCUS

ASSIGNMENT (Office)

From (Person): WONG WEE FU of AXA Date/Time: 23/2/2021 10:25 AM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SCW 6266D Insured: SLE 8333T

at Workshop m/s TICK HAI MOTOR Tel: 6842-9089

of 159 Tick Hai Motor 1 Kaki Bukit Avenue 6 #01-20 Autobay @ Kaki Buk

Policy No: _____ Claim No: S1M033LL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22-02-2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement: _____

Date/Time: 23-02-21 5.09P.M Person Contacted: CORINE Vehicle OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SCW 6266D- <input checked="" type="checkbox"/>
	SLE 8333T- <input checked="" type="checkbox"/>