ASS. REC. BY: | REF: CS/AGI21002785/Dtd3 | Special Instruction:

Surveyor BRYAN

ASSIGNMENT (Office)

From (Person): JULIE MANGUBAT of AGI Date/Time: 02/03/2021@10.52AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 5934Y Insured: SKW 6606L

at Workshop m/s BIFROST AUTO Tel: 6243 6687

of BLK 9 SECTOR C# 01-42

Policy No: Claim No: C10009215/ST

Sum Insured: Excess:

Make of Veh: D.O.A. 26/02/2021
(Client's Record)

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

Date/Time: 11.26AM@02/03/21 Person Contacted: REGINA Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 5934Y-CC6/III16015915/R1yb3q2 DOA: 17/08/2016
	SKW 6606L-X