ASS. REC. BY:

REF: CS/EGI21002913/Kqd3

Special Instruction:

Surveyor KENNETH

ASSIGNMENT (Office)

From (Person): PAULINE SOH of EGI Date/Time: 03/03/2021@5.44PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 305E Insured: GBJ 5220Y

at Workshop m/s TRANS-CAB AUTO Tel:

of NO.2 AMK STREET 63

Policy No: Claim No: CDMCG21000400

Sum Insured: Excess:

Make of Veh: D.O.A. 03/03/2021
(Client's Record)

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

Date/Time: 10.10AM@04/03/21 Person Contacted: ZHE WEI Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 305E-CC3/ASM18017425/Kpa3s2 DOA : 20/09/2018
	GBJ 5220Y-X