ASS. REC. BY: | REF: CS/SMO21003127/d3 | Special Instruction:

Surveyor

## ASSIGNMENT (Office)

From (Person): HWANG SHIANG YI of SMQ Date/Time: 09/03/2021@2.26PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLM 3239Z Insured:

at Workshop m/s COMFORT BRADDELL Tel: 6383 7362

of 205 BRADDELL ROAD

Policy No: Claim No: CMTD2100698/SYH

Sum Insured: Excess:

Make of Veh: D.O.A. 04/03/2021
(Client's Record)

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

Date/Time: 3.13PM@09/03/21 Person Contacted: ANDREW Vehicle IN / OUT

| Date/Time | Action/Instruction ( ✓ ) Estimate |
|---|---|
| | SLM 3239Z-CS3/SMO21003032/Utd3 |
| | |
| | |
| | |
| | |
| | |

Repairer agreed to survey on 10/03/2021

DOA : 04/03/2021