ASS. REC. BY:

REF: CS/UOI21003228/T1vd3

Special Instruction:

Surveyor: TAUFIKH

ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI

Date/Time: 11/03/2021@11.53AM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLR 809Y

Insured: YM 6822R

at Workshop m/s: PKS AUTOMOTIVE

Tel: 8614 6767

of: 8 KAKI BUKIT AVE 4 # 01-52 PREMIER

Policy No:

Claim No: M11D12202103

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 25/02/2021

CA / REV / REP. / REV 24 HRS 'WP'

H.O.D. Endorsement:

Date/Time: 12.16PM@11/03/21 Person Contacted: SHARON

Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate