ASS. REC. BY: | REF: CS/MSG21003237/d3 | Special Instruction:

Surveyor: Merimen

ASSIGNMENT (Office)

From (Person): KOH MING SHAO of MSIG Date/Time: 11/03/2021@2.22PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMV 8337G Insured: SLZ 7443E

at Workshop m/s NINETEEN AUTOWERKS Tel: 9674 1991

of BLK 15 KAKI BUKIT ROAD 4 # 01-53

Policy No: 30001621471 Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 11/03/2021
(Client's Record)

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

Date/Time: 3.05PM@11/03/21 Person Contacted: VESSIE Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SMV 8337G-X
	SLZ 7443E-X