ASS. REC. BY:

REF: CS/AGI21003610/Kqd3

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 19/03/2021@11.16AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJN 3567U Insured: SLE 3493Y

at Workshop m/s ACCORD AUTO Tel: 9740 0999

of 10 AMK IND.PARK 2A #03-11

Policy No: Claim No: C10009467/ST

Sum Insured: Excess:

Make of Veh: D.O.A. 17/03/2021
(Client's Record)

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

Date/Time: 11.31AM@19/03/21 Person Contacted: JACQUELINE Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJN 3567U- X
	SLE 3493Y- CS/TMI19004325/Asd3n2 DOA : 07/03/2019