ASS. REC. BY: | REF: CS4/ICS21003618/Nqd3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): CRYSTABELLE TAN of ICS Date/Time: 19/03/2021@3.54PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKK 4937H Insured:

at Workshop m/s BH AUTO Tel:

of

Policy No: MPC21P00012500 Claim No: DMPC2100093H/CT

Sum Insured: Excess: 1500

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

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

Date/Time: 19/03/2021 Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate INVESTIGATION
	SKK 4937H-CC3/AIG14021028/Rwy3q2 DOA: 29/11/2014