

12/02/2020

REF: CS/III21003649/Uvf3

Special Instruction:

ASS. REC. BY:

SURVBY: MARCUS

ASSIGNMENT (Office)

Merimen

From (Person): GABRIEL WEE

of III

Date/Time: 19/03/2021@5.18PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGK 9999T

Insured: _____

at Workshop m/s BLACK EAGLE

Tel: 9247 3881

of 25 KAKI BUKIT ROAD 4 # 05-80

Policy No: D20MPC0006759

Claim No: _____

Sum Insured: _____

Excess: TBA

Make of Veh:
(Client's Record)

D.O.A. 18/03/2021

CA REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time 22/03/2021@10.13AM Person Contacted: ROY

Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SGK 9999T-CV1/VAL08025582/