ASS. REC. BY: | REF: CS3/III21003817/d3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): DERRICK TAN of III Date/Time: 24/03/2021@3PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLK 593E Insured: SLS 8247K

at Workshop m/s TSA TRANSPORT Tel: 8181 2212

of 1 KAKI BUKIT AVE 6 # 02-11

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 24/03/2021
(Client's Record)

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

Date/Time: 4.29PM@24/03/2021 Person Contacted: GARY Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate Repairer agreed to survey on 25/03/2021
	SLK 593E-X
	SLS 8247K-X