

12/03/2021

ASS. REC. BY:

REF: CS/ASM21004352/Uvc

Special Instruction:

SUNVADY

ASSIGNMENT (Office)From (Person): PAY Daniel of ASM Date/Time: 06/04/2021

Estimated Cost: _____ Bill to: _____

OD ☒ TP ☐ WS ☐ TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: FBC 281R Insured: YK 9401Mat Workshop m/s Erofia Motor Tel: 9069 6165of 1 Kaki Bukit Ave 6 #02-62Policy No: _____ Claim No: S1M036N7

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/03/2021
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 06/04/2021 Person Contacted: _____ Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (☒) Estimate
	FBC 281R - X
	YK 9401M - X