

12/02/2021

ASS. REC. BY:

REF: CS3/III21003817/Gtf3-1

Special Instruction:

SURVEY BY: GQ

ASSIGNMENT (Office)

From (Person): CARINE KEK PHER SER

of

III

Date/Time: 24/5/2021 3:59 PM

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:

D.O.A. 24/03/2021

Make of Veh:

(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	