ASS. REC. BY:

REF: CS3/INC21000255/Gtf3-1

Special Instruction:

Surveyor GUO QIANG

ASSIGNMENT (Office)

From (Person): INCOME of INC Date/Time: 12/7/2021 10:01 AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLE 1092J Insured: FBM 9419A

at Workshop m/s GARAGE 13 Tel: 6385 1171

of 8 KAKI BUKIT AVE 4 # 03-46

Policy No: Claim No: MT/1115724-002

Sum Insured: Excess:

Make of Veh: D.O.A. 30/12/2020
(Client's Record)

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

Date/Time: 9.27AM@06/01/21 Person Contacted: IRENE Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate	
	SLE 1092J-NA/AIG21000012/Y	DOA: 30/12/2020
	FBM 9419A-NA/AIG21000012/Y	DOA: 30/12/2020