

ASS. REC. BY:

REF: CI/LAW21007981/Dq

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): C. YOGARAJAH LLC

or

Date/Time: 07/05/2021

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLL 5469T

Insured:

at Workshop m/s

Tel:

of

Policy No:

Claim No:

MC/MC 18210/2019

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25/09/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction () Estimate

Bryan said: Please close this case. Cheque already received.
No need to give anymore invoice or report.