

ASS. REC. BY:

REF:

~~CS3/ASM21004347/R1ty3-1~~

Special Instruction:

SURVIVOR:

ASSIGNMENT (Office)

16.12.2021

From (Person): CHAN Kian Chuan

of

ASM

Date/Time:

~~06/04/2021~~

Estimated Cost:

Bill to:

OI  TP  VS  TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

YN 3284H

Insured:

SHB 4245D

at Workshop m/s

Vfix Auto

Tel:

6385 1171

of 7 Penjuru Close Level 1

Policy No:

Claim No:

S1M036YL

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

31/03/2021

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

06/04/2021

Person Contacted:

Irene Tan

Vehicle:

IN /  OUT

Date/Time	Action/Instruction ( ) Estimate
	YN 3284H - X
	SHB 4245D - X