ASS. REC. BY: | REF: CS1/FCI22003979/Dea3e2 | Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): VIC SANGHILAN of MS-FCI Date/Time: 14/04/2022

Estimated Cost: Bill to:

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

To Inspect Vehicle No: TRD 3409B Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: D17003682MFVS/EL

Sum Insured: Excess:

Make of Veh: D.O.A. 23/02/2017
(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
	TRD 3409B - X