22/03/2002

ASS. REC. BY: | REF: CI/MSG22004574/Dq | Special Instruction:

Surveyor

**ASSIGNMENT (Office)**

From (Person): WOODY WOO of MSIG Date/Time: 06/05/2022

Estimated Cost: Bill to:

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

To Inspect Vehicle No: YP 6099X Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: 266146

Sum Insured: Excess:

Make of Veh: D.O.A. 27/11/2021
(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 |
|---|---|
| | |
| | |
| | |
| | |
| | $500/- |
| | |