

ASS. REC. BY:

REF: C1/TP18006746/D

Special Instruction:

Survivor

ASSIGNMENT (Office)

From (Person): Tan Ai Qiu of _____ Date/Time: 20/3/2018

Estimated Cost _____ Bill to: _____

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

To Inspect Vehicle No: SLU 3473 X Insured: _____

at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. _____
(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
	\$800k