

ASS. REC. BY:

REF: CS/40118022035/RISD3¹² Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person): Felis

of

UOI

Date/Time: 7/12/18 @ 1:02pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDQ 3003K

Insured:

at Workshop m/s

Performance Motor

Tel:

91165200

of

303 Alexandra Road

Policy No:

Claim No:

M12D09321812

Sum Insured:

Excess:

\$3000.00

Make of Veh:

(Client's Record)

D.O.A.

29/11/18

CA / REV / REP. / REV 24 HRS

10/12/2018

H.O.D. Endorsement:

Date/Time:

1:14pm @ 7/12/18

Person Contacted:

chua

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SDQ 3003K - X

11/12/18

Revert to Jenny by email

11/12/18

sent @ 12:16 p.m. authorise repair approved by Jenny Leo via email.

11/12/18

@ 16:52 p.m. revert authorise repair to Kee Sin Gopalan? via email.