22/03/2002

ASS. REC. BY: | REF: CS/FCI19020201/Ktf3 | Special Instruction:

Surveyor : KENNETH

ASSIGNMENT (Office)

From (Person): CWS (MAY CHUA) of FCI Date/Time: 13 November, 2019 5:07 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GY 6371A Insured: SHD 3490H

at Workshop m/s SUPREME AUTO SERVICE PTE LTD Tel:

of 176 SIN MING DRIVE #02-01 SIN MING AUTOCARE SINGAPORE 575721

Policy No: Claim No: D19007127MFSH

Sum Insured: Excess:

Make of Veh: D.O.A. 07/11/2019
(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