ASS. REC. BY: | REF: CB3/FWD19014675/Ftd3-09 | ial Instruction:

Surveyor: Ron

ASSIGNMENT (Office)

From (Person): Eileen Bdy of FWD Date/Time: 13/11/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SFA 3600Y Insured: SLE 7048Z

at Workshop m/s Yap Motor Tel: 67450138

of BLK 3020A Ubi Road 1 # 01-38

Policy No: PNPV2018-00009697-01 Claim No: 120190002H811

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 16/08/2019

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 10.13am@21/8/19 Person Contacted: Agnes Vehicle IN / OUT

Date/Time	Action/Instruction
	SFA 3600Y - CS/EG17000948/1dbe2 DOA: 3/11/19
	SLE 7048Z - NA/120190002H811 DOA: 16/8/19
	3 DAYS
	Submit lump sum $22001 (Rec: 800; 26%)

19/11 @ File pass to typist

19/11/2019

RECEIVED 20 NOV 2019

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