ASS. REC. BY: | REF: CS/INC19020507/Ksd3 | Special Instruction:

Surveyor: KENNETH

ASSIGNMENT (Office)

From (Person): Hazalysa Bte Ibrahim of NTUC Date/Time: 19/11/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLA 1405L Insured: SJU 5625K

at Workshop m/s OPTIMA WERKZ PTE LTD Tel: 6481 1522

of 9A SERANGOON NORTH AVE 5 SINGAPORE 554500

Policy No: Claim No: MT/1071993-001

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A 17/11/2019

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

Date/Time: Person Contacted: Sharon Ten Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLA 1405L - X
	SJU 5625K - X