

ASS. REC. BY:

REF: CI/LAW20001238/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Sylvia Yee of ULA Date/Time: 31/10/2019

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No:	FBG 9259B	Insured:
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at Workshop m/s _____ Tel: _____

of _____

Policy No: _____ Claim No: ASA.NTUC.0648

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22/07/2016
(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
	ULA act of ntuc
	\$800.00