22/03/2021

ASS. REC. BY: | REF: CS3/III2000434/ d3 | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

PRS From (Person): Gabriel Wee of III Date/Time: 23/3/2020 @ 10.45am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBH 9637M Insured: SHC 34454

at Workshop m/s U.E Motor Tel: 6744 1995

of Blk 3006 Ubi Road 1 # 01-334

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A 16/03/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement: _____

Date/Time: 11.05am @ 23/3/2020 Person Contacted: Mr. Tan Vehicle IN / OUT

Date/Time	Action/Instruction Estimate (X)	
	GBH 9637M - NA / III 2000 4042 / h4	DOA: 16/3/2020
	SHC 34454 - NA / III 2000 4042 / h4	DOA: 16/3/2020