

ASS. REC. BY:

REF: CS3/AIG 20004350/ d3 Special Instruction:

Special Instructions:

Surveyor:

ASSIGNMENT (Office)

From (Person):

of ALG

Date/Time: 20/3/2020 @ 6.32pm

Estimated Cost:

Bill to:

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

Insured: BMJ 54684

To Inspect Vehicle No: FBM 1649E

Tel: 629 69939

at Workshop m/s

MCS AUTO

of

1100 Serangoon Road

Claim No: 065701138486003

Policy No:

Excess:

Sum Insured:

D.O.A	18/03	2020
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Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 23/3/2024

Person Contacted:

Stephanie

Vehicle IN/OUT

Date/Time

Action/Instruction	Estimate (X)
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FBM 1649E - X

8MJ 54684-X