ASS. REC. BY: | REF: CS/INC20004557/ d3 | Special Instruction:

Signature: _____

ASSIGNMENT (Office)

From (Person): Annie Koh of INC Date/Time: 26/2/2020 @ 4.43pm

Estimated Cost: _____ Bill to: _____

OD / ~~IT~~ / WS / IP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBF 8537K Insured: SGV 33697

at Workshop m/s Bluwel Automotive Tel: 67452088

of 1 Kaki Bukit Ave 6 # 01-28 Autobay

Policy No: _____ Claim No: MT/1089557-002

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25/03/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS lwp

27/3/2020
H.O.D. Endorsement: _____

Date/Time: 5.01pm @ 27/3/2020 Person Contacted: Sally Vehicle IN / OUT

Date/Time	Action/Instruction Estimate (M
	GBF 8537K - X
	SGV 3369T - X