22/03/2021

ASS. REC. BY: | REF: CS/AWA 20004606/ d3 | Special Instruction:

Surveyor: _____

ASSIGNMENT (Office)

From (Person): Stella Goh of AWAC Date/Time: 27/3/2020@4.10pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLE1570X Insured: _____

at Workshop m/s ComfortDelgro Ubi Tel: 68485725

of NO.320 Ubi Road 3

Policy No: AVPCSB0316961903 Claim No: NSV2000130/PC

Sum Insured: _____ Excess: $1500.00

Make of Veh: _____ D.O.A 22/03/2020

(~~Client's Record~~)

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

Date/Time: 4:37pm@27/3/2020 Person Contacted: Johan Vehicle ~~IN~~ / OUT

Date/Time	Action/Instruction Estimate ✓
	SLE1570X - X