

DATE

ASS. REQ. BY:

REF: CS/CIT20004886/71yd3

Special Instructions:

Signature: Taukh

ASSIGNMENT (Office)

From (Person): Cecilia Law

of CIT

Date/Time: 3/4/2020 @ 11:02am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 04784

Insured:

GBH 8158 K

at Workshop m/s

Ding Automotive

Tel:

96891857

at

31 Corporation Road

Policy No:

Claim No: SNM 20D201591/GBH 8158K/CECILIA

Sum Insured:

Excess:

Make of Veh:

D.O.A.

02/03/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time: 11:07am @ 3/4/2020

Person Contacted:

Velan

Vehicle: IN OUT

Date/Time	Action/Instruction	Estimate
	SHC04784 - Collected 18015354 / 6yd3n2	2017/10/2018
	GBH 8158 K - X	