

12/1/2020

ASS. REC. BY:

REF: CS/TMI20005691/Fyf3

Special Instructions

SURVEYOR: RAM

ASSIGNMENT (Office)

From (Person): FIONA GAN

of TMI

Date/Time: 12/05/2020

Estimated Cost:

Bill to:

OT / TP / WS / TP RES / OD RES / EVA / INV / MY / CS

To Inspect Vehicle No: SHC 2567H

Insured: GBK 863U

at Workshop m/s COMFORTDELGRO

Tel:

of 59 LOYANG WAY

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 11/05/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time 12/5

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓)	Estimate
	SHC 2567H - X	
	GBK 863U - X	