				\$ W	
ASS, REC, BY:		Special Instruction:			
Surveyor:	ASSIGNI	MENT (Office)		7	
From (Person): Teo, E		AIG	Date	Tuesday, 12 I	May 2020 5:05 PN
Estimated Cost:		Bill to:		- Taranta (1999-1994)	
OD/TP/WS/TP RE	S / OD RES / EVA / INV / MV	//CS			
To Inspect Vehicle No:	SLB 2061H	284	Insured:	SJR 6210H	
at Workshop m/s	TRIPLE-T AUTOM	MOBILE	Tel:		Ta
of BLK 5 DE	FU LANE 10 #01-574 \$	SINGAPORE	539186		
Policy No: 210050	Claim No:	Claim No: 2671758505SG			
Sum Insured:		Excess:	8		*
Make of Veh: (Client's Record)			D.C	28/02/2020	1
CA / REV / REP. /	REV 24 HRS		P	I.O.D. Endorsement:	
Date/Time:	Person Contacts	ed:		Profesion Colors Avg. Total Social California	
Date/Time Action/	Instruction ( ) Estim	ate.			
	submit prs report				
			N.		
				100	
	St				