

ASS. REC. BY:

REF: CS/UOI20006646/Dqf3

Special Instruction:

Surveyor: BRYAN

ASSIGNMENT (Office)

From (Person): JOSEPHINE WONG of UOI Date/Time: 24/6/2020 5:10 PM

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GZ 7483Z Insured: YP 6496H

at Workshop m/s GOH LEE HWA AUTOMOBILE PTE LTD Tel: 91454773

of Blk 5033 Ang Mo Kio Ind Pk 2 #01-255

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 22.06.2020
(Client's Record)

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

Date/Time: 24-6-20 5.30P.M Person Contacted: ALFRED Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	GZ 7483Z - CC4/AIG20006604/ds3 DOA : 22/06/2020
	YP 6496H - X