22/03/2002

ASS. REC. BY: | REF: CS/AGI20007048/Ksf3 | Special Instruction:

Surveyor : KENNETH **ASSIGNMENT (Office)**

From (Person): IVY RATILLA of AGI Date/Time: 7/7/2020 11:10 AM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 5385R Insured: SLH 712U

at Workshop m/s Trans-cab Auto Services Tel: 6287-6666

of No. 2 AMK St. 63 Singapore 569111

Policy No: Claim No: C10006640

Sum Insured: Excess:

Make of Veh: D.O.A. 5-7-2020
(Client's Record)

"WP"

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

Date/Time: 7-7-20 11.59 A.M Person Contacted: CANDY Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHD 5385R - CC3/TMI19017314/Ksf3n2	DOA : 29/09/2019
	SLH 712U - X	