

ASS. REC. BY:

REF: CI/ASM20007751/Dq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Winnie Ho of ASM Date/Time: 09/07/2020

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SML 6658X Insured: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_ Tel: \_\_\_\_\_

Policy No: \_\_\_\_\_ Claim No: S0M02Q77

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 01/07/2020  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN/OUT \_\_\_\_\_

Date/Time	Action/Instruction ( ) Estimate
-----------	---------------------------------

[illegible][illegible]

---



		\$500/-
--	--	---------

\_\_\_\_\_