

ASS. REC. BY:

REF: CS/AGI20007765/Dqf3

Special Instruction:

Surveyor: BRYAN

ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 28/7/2020 1:28 PM

Estimated Cost: _____ Bill to: _____

OD TP WS TP RES OD RES EVA INV MV CS

To Inspect Vehicle No: SJR 1224B Insured: _____

at Workshop m/s Ah Lim Motor Company Tel: 6483 1244

of AMK 10, Ang Mo Kio Industrial Park 2A #01-09 AMK Autopoint

Policy No: _____ Claim No: C10006846/ST

Sum Insured: _____ Excess: \$600.00

Make of Veh: _____ D.O.A. 28-7-2020
(Client's Record)

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

Date/Time: 28-7-20 1.47P.M Person Contacted: EILEEN Vehicle IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	SJR 1224B- X