

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Irene Tay of CTI Date/Time: 05/08/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBJ 786P Insured: _____

at Workshop m/s	C. S. ONG AUTO PTE LTD	Tel:	
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of BLOCK 10 ANG MO KIO IND PK 2A #04-01/#03-11 AMK AUTOPOINT

Policy No: DMCVSN30703619011 Claim No: SNM20D202691C01

Sum Insured: _____ Excess: 500

Make of Veh: _____ D.O.A. 29/07/2020
(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
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GBJ 786P -X