22/03/2002

ASS. REC. BY: | REF: CS/AGI20008084/Ksf3 | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): IVY RATILLA of AGI Date/Time: 05/08/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 413B Insured: SME 4727E

at Workshop m/s TRANS-CAB Tel:

of NO.2 ANG MO KIO ST 63

Policy No: Claim No: C10006916

Sum Insured: Excess:

Make of Veh: D.O.A. 04/08/2020
(Client's Record)

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

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SHD 413B - X
	SME 4727E - X