

ASS. REC. BY:

REF: CS/MSG20008108/Eqf3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): Shawn Ngo of MSIG Date/Time: 05/08/2020

Estimated Cost: _____ Bill to: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SJY 5616R Insured: SMC 1702Gat Workshop m/s AUBURN AUTO Tel: _____of 176 SIN MING DRIVE, #04-18 SIN MING AUTOCAREPolicy No: 29141713 Claim No: 626865

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03/08/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

'WP'

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: SAM Vehicle IN/OUT

Date/Time	Action/Instruction (☒) Estimate
	<u>SJY 5616R -X</u>
	<u>SMC 1702G -X</u>