ASS. REC. BY: | REF: CI/ASM20008668/q | Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Winnie Ho of ASM Date/Time: 19/08/2020

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGC 4334L Insured:

at Workshop m/s Tel:

of

Policy No: Claim No: S0M02SCU

Sum Insured: Excess:

Make of Veh: D.O.A. 14/08/2020
(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
	SGC 4334L - X