

ASS. REC. BY:

REF: CI/SPF20009396/Nq

Special Instruction:

Surveyor :

ASSIGNMENT (Office)

From (Person): Debbie Leong of SPF (Jurong Division) Date/Time: 24/08/2020

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: **E-Bicycle (Electric Scooter)** Insured:

at Workshop m/s _____ Tel: _____

Policy No: _____ Claim No: J/20190706/2041

Sum Insured: _____ Excess: _____

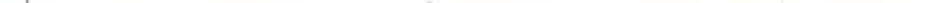
Make of Veh: _____ D.O.A. 04/07/2019
(Client's Record)

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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[illegible][illegible]

\$450/-

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