22/03/2002

ASS. REC. BY: | REF: CS/UOI20009589/Ksf3 | Special Instruction:

Surveyor : KENNETH

ASSIGNMENT (Office)

From (Person): KATIE LEE of UOI Date/Time: 8/9/2020 12:03 PM

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 5385R Insured: GW5267K

at Workshop m/s TRANS-CAB Tel: 6287 6666

of NO.2 ANG MO KIO ST 63

Policy No: Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A.

(Client's Record)

"WP"

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

Date/Time: 08-09-201.05P.M Person Contacted: CANDY Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 5385R- CS/AGI20007048/Ksf3 DOA : 05/07/2020
	GW 5267K- X